



# Missouri Department of Social Services

**2016**  
Annual  
Report



JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, DIRECTOR

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Missouri charges the Department of Social Services (DSS) with the following broad responsibilities. The health and general welfare of the people are matters of primary public concern; and to secure them there shall be established a department of social services... (Missouri Constitution, Article IV, Section 37)

and,

...To provide appropriate public welfare services to promote, safeguard and protect the social well-being and general welfare of children...to help maintain and strengthen family life, and to provide such public welfare services to aid needy persons who can be so helped to become self-supporting or capable of self-care; (§207.022.1 (12), RSMo.)

## MISSION

To maintain or improve the quality of life for Missouri citizens

## VISION

Safe, healthy, prosperous Missourians

### GUIDING PRINCIPLES

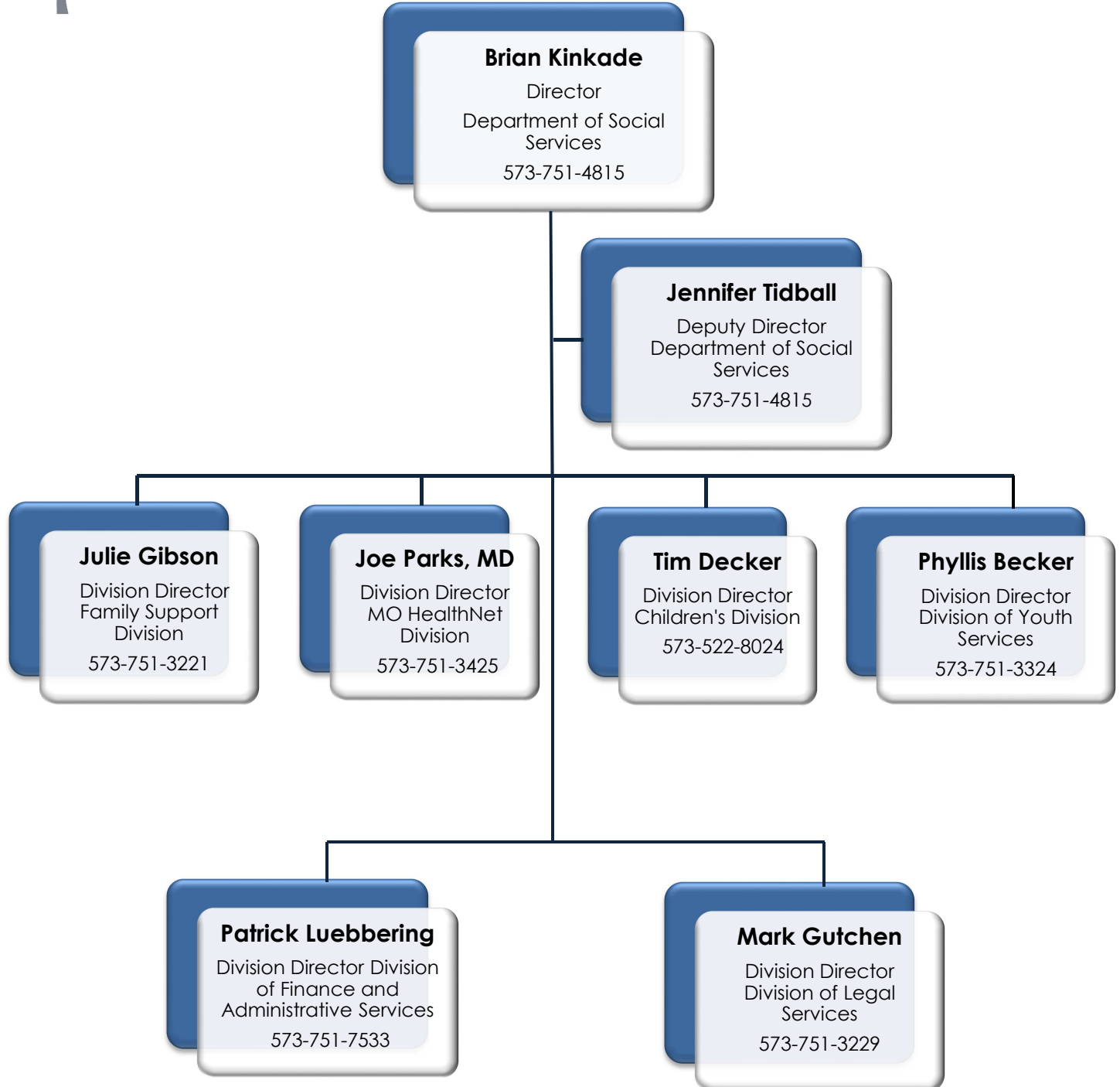
- **RESULTS** – We will make a positive difference in the lives of Missourians.
- **SERVICE** – We will help others with honor, dignity and excellence.
- **PROFICIENCY** – We will provide quality services with skill, creativity and innovation.
- **INTEGRITY** – We will uphold the public trust.
- **INCLUSIVENESS** – We will value our differences and celebrate the contributions of all.
- **STEWARDSHIP** – We will wisely manage all resources entrusted to us.
- **ACCOUNTABILITY** – We will own our actions and their impact.

### CORE FUNCTIONS

- Child protection and permanency
- Youth rehabilitation
- Access to quality health care
- Maintaining and strengthening families



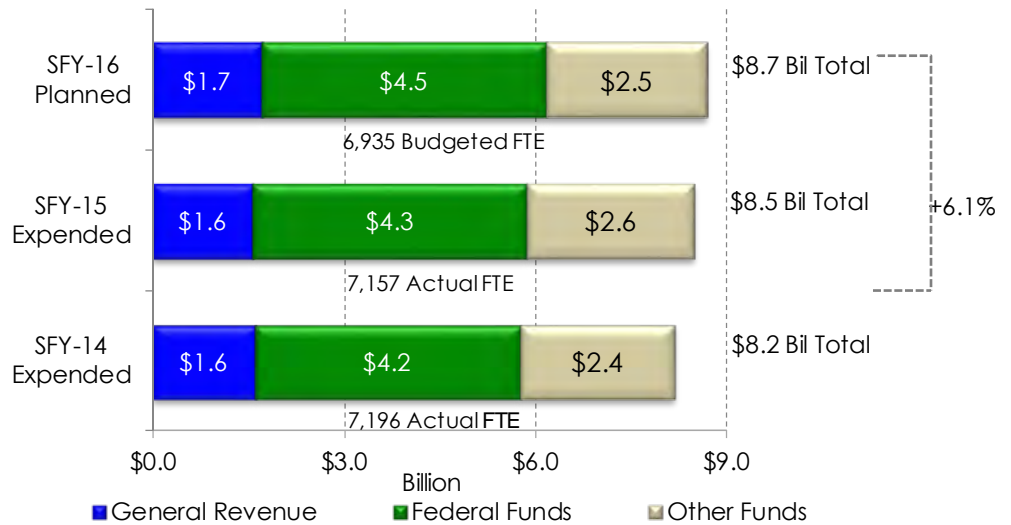
## DEPARTMENT LEADERSHIP



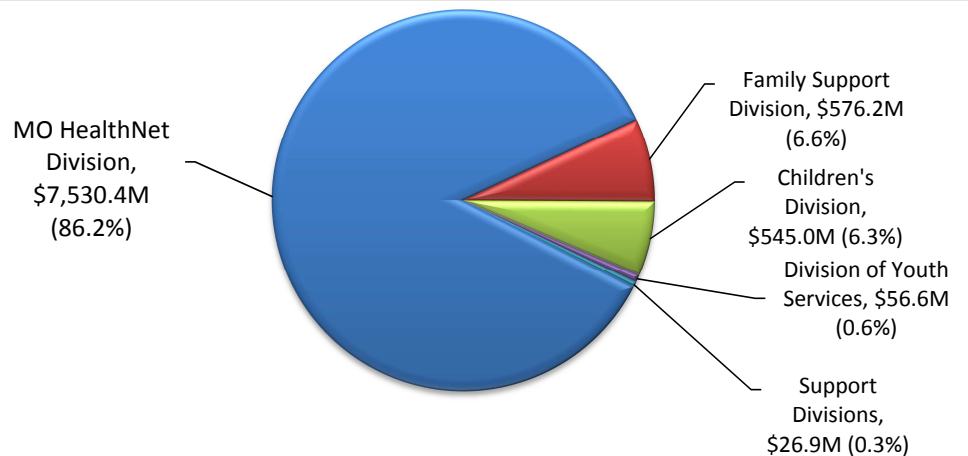


- Total spending has increased 6.1% (\$498.5 million) between SFY-14 and SFY-16 planned.
- General Revenue spending (GR) has increased by 6.5% (\$104.1 million). Federal fund spending has increased 7.5% (\$309.9 million) and Other fund spending has increased 3.5% (\$84.5 million).
- Most department expenditures continue to be from Federal and Other fund sources in SFY-16. GR spending will account for only 19.7% of planned spending.
- Between SFY-14 and SFY-16 full time equivalent (FTE) staff has declined 3.6%, or 261 FTE.

### Department Expenditures SFY-14 to SFY-16 Planned With Fund Source Comparison (in billions)



### SFY-16 Expenditures Total Funds by Division (\$8,735.1 M)





## Quick Facts about DSS in Missouri

# SFY-2016

### MO HealthNet<sup>1</sup>

Number of people enrolled for MO HealthNet services	965,095
MO HealthNet dollars spent in state fiscal year 2016 <sup>2</sup>	\$8,149.6 mil
Estimated federal portion of MO HealthNet dollars spent	\$4,975.0 mil
MO HealthNet dollars for inpatient hospital services	\$624.7 mil
MO HealthNet dollars for physician services	\$554.1 mil
MO HealthNet dollars for nursing home services	\$1,093.4 mil
MO HealthNet dollars for pharmacy services	\$1,337.0 mil
MO HealthNet dollars for managed care payments	\$1,212.5 mil

### Family Support

Child support collections (IV-D and non-IV-D)	\$890.1 mil
Average monthly temporary assistance families <sup>3</sup>	23,815
Total temporary assistance payments <sup>3</sup>	\$59.7 mil
Average monthly food stamp benefit recipients	828,203
Total food stamp benefits received	\$1,215.9 mil

### Child Protection and Permanency

Children involved in hotline reports <sup>4</sup>	99,735
Children with substantiated abuse or neglect <sup>5</sup>	6,302
Children with family assessments <sup>5</sup>	56,950
Average monthly children in foster care <sup>6</sup>	13,276
Children adopted	1,524
Total Children's Services expenditures <sup>7</sup>	\$213.7 mil
Average monthly children receiving subsidized child care <sup>8</sup>	36,551
Child care expenditures	\$136.8 mil

### Youth Services

Youths Committed <sup>9</sup>	679
Average monthly youths in DYS custody	855

#### Notes

1. Does not include Women's Health Services
2. Medicare Buy-In premiums are reported at the statewide level, but not at the county level
3. Includes Transitional Employment Benefit (TEB) cases
4. 2016 Children's Division Annual Report, Table 2, includes only substantiated, unsubstantiated, and family assessment conclusions; agrees with performance management graph methodology
5. Children based on completed investigations/assessments
6. Children's Division Management Report, Table 25, legal status 1 only point-in-time end of month average for July 2015 - June 2016; agrees with performance management graph methodology
7. Excludes all Child Care payments; Performance Based Contractor payments included only at statewide level
8. Any child receiving a payment during the month in a county, July 2015 - June 2016. If a child received a payment in multiple counties the child is counted for each one.
9. Includes dual jurisdiction cases; agrees with performance management graph methodology

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# FAMILY SUPPORT DIVISION

2016

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## Programs & Services

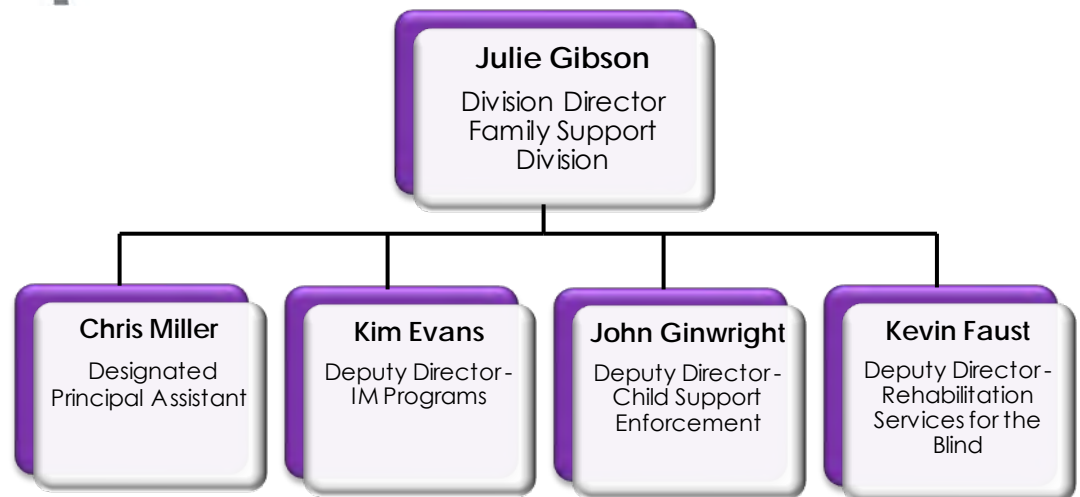
### NEEDS BASED PROGRAMS

- TEMPORARY ASSISTANCE
- FOOD STAMP
- LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
- MO HEALTHNET ELIGIBILITY
- SUBSIDIZED CHILD CARE ELIGIBILITY

### CHILD SUPPORT

### REHABILITATION SERVICES FOR THE BLIND

*Family Support Division (FSD) maintains and strengthens Missouri families, helping people achieve an appropriate level of self-support and self-care through needs based services.*



- Compliance and Quality Review
- Critical Planning and Analysis
- Call Center

- Income Maintenance (IM) Program and Policy
- Community Services Block Grant
- Low Income Home Energy Assistance Program
- Refugee Assistance
- Grants
- EBT/Food Distribution
- Field Operations

- Child Support Program and Policy
- Training
- Automated System
- Financial Resolutions Section
- Field Operations
- Outreach
- Customer Relations
- Call Center

- Rehabilitation Services for the Blind

Find the Family Support Division on the web at [www.dss.mo.gov/fsd/](http://www.dss.mo.gov/fsd/)



# Family Support Division

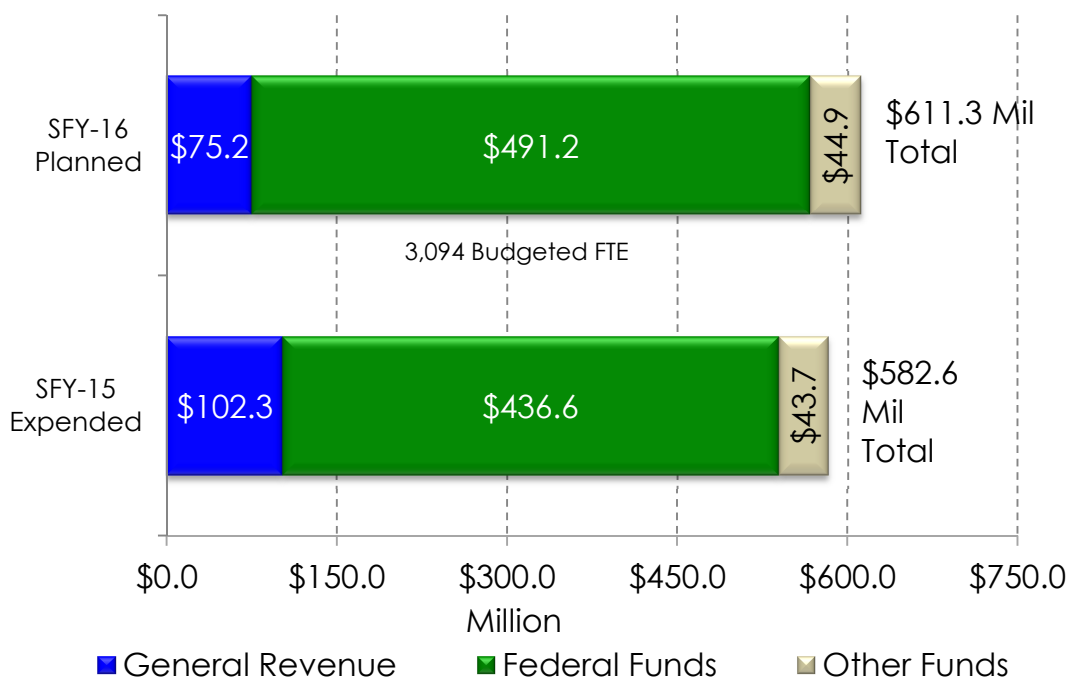
## FSD

### FSD Programs and Services

FSD administers the following needs based programs:

- **Food Stamps** provide for use in purchasing food from grocers through an Electronic Benefit Transfer (EBT).
- **Temporary Assistance for Needy Families (TANF)** provides an EBT for cash assistance.
- **Medicaid (MO HealthNet) eligibility determination.**
- **Child Care eligibility determination.**
- **Low Income Home Energy Assistance Program (LIHEAP)** provides heating and cooling assistance.
- **Child Support** provides assistance in paternity and support order establishment and enforcement of child support obligations.
- **Rehabilitation Services for the Blind (RSB)** provides services to blind and visually impaired persons.
- **Blind Pension** provides cash assistance to the legally blind.
- **Community Services Block Grant (CSBG)** provides services to low income individuals.

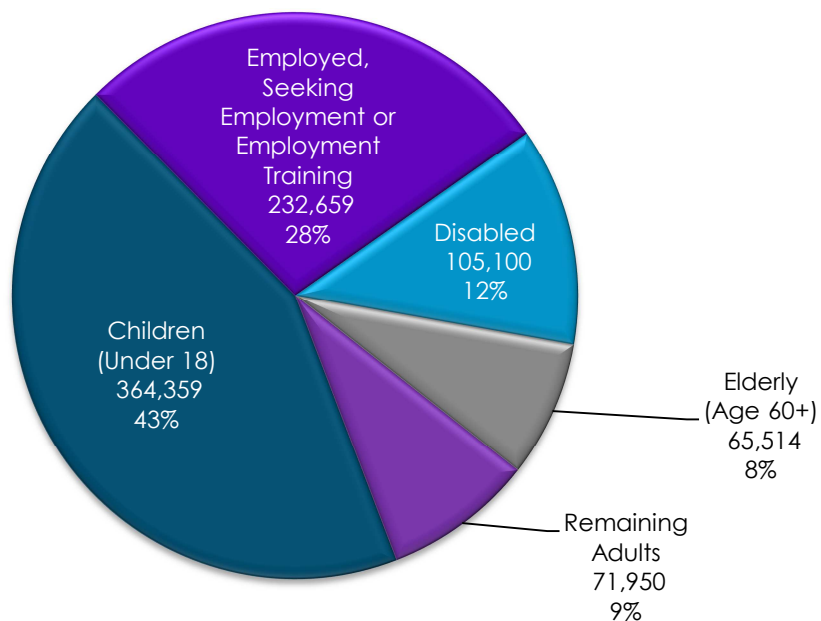
### FSD Expenditures SFY-15 to SFY-16 Planned (in millions)



## Who Does FSD Serve

### Food Stamp Participants

As Of November 30, 2015



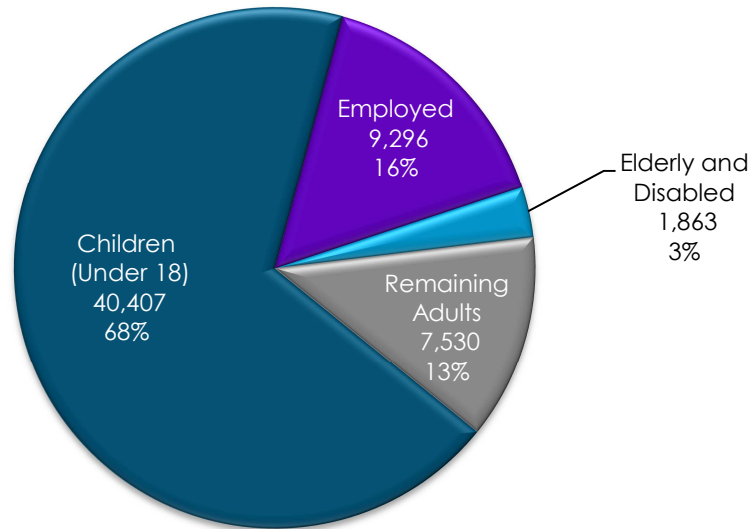
#### FOOD STAMP ELIGIBILITY REQUIREMENTS:

- \$3,250 resource limit for elderly (age 60) or disabled;
- \$2,250 resource limit for others;
- Citizen or eligible immigrant;
- Resident of Missouri;
- Verified identity; and
- Income under the allowable limit.

Food Stamp Monthly Income Limits	
Number of Persons	Net Maximum Income
1	\$981
2	\$1,328
3	\$1,675
4	\$2,021

## Temporary Assistance Participants

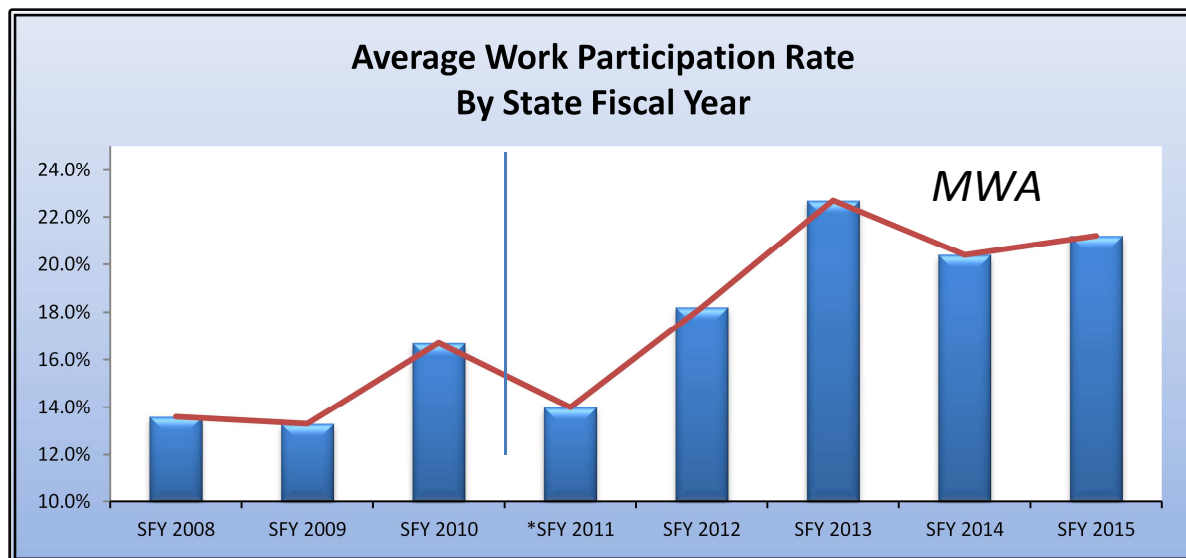
As Of November 30,2015



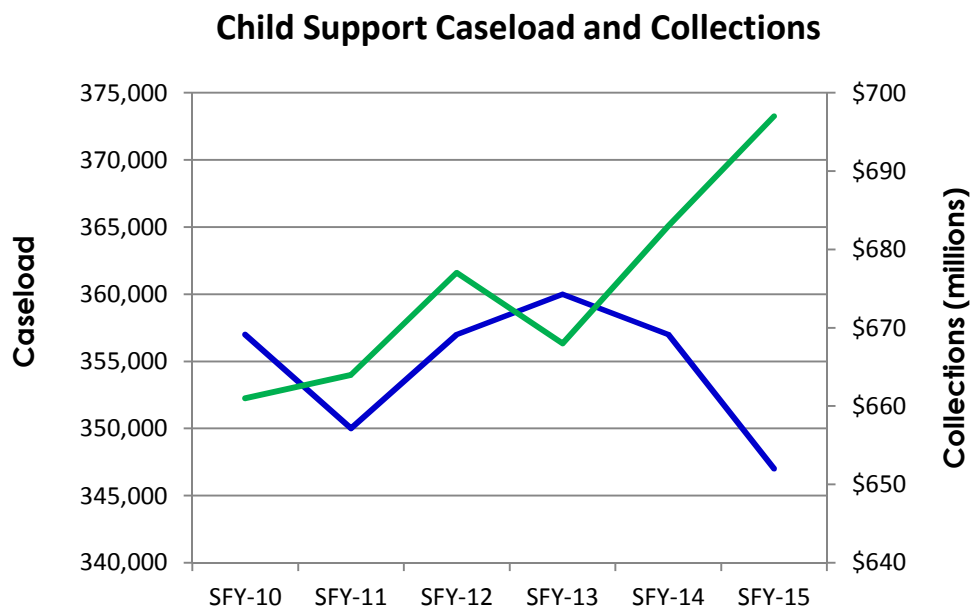
### TEMPORARY ASSISTANCE ELIGIBILITY REQUIREMENTS:

- Child under 18;
- \$1,000 resource limit;
- Verified relationship of payee to child(ren);
- Cannot have felony drug conviction after 08/22/96;
- Citizen or eligible immigrant;
- Resident of Missouri with intent to remain;
- Income under the allowable limit;
- Complete an Orientation and Personal Responsibility Plan; and,
- Register with jobs.mo.gov.

Temporary Assistance Monthly Income Limits	
Number of Persons	Net Maximum Income
1	\$136
2	\$234
3	\$292
4	\$342



From SFY 2007-SFY2010, the program was managed by DED. In SFY 2011, the program was transferred to DSS and is known as the Missouri Work Assistance (MWA) program.



## FSD Priorities

### Increased Customer Access through Technology

- Enhancing Online Tools

In 2015, the Family Support Division's website, including the myDSS customer portal, was given a brand new look, simple language, improved content and navigation. It was designed to draw customers into the website and clearly direct them to the services they need. The redesign adds new tools, including a calculator called the Missouri Pre-Eligibility Tool, to help customers determine if they qualify for benefits.

The newest technology being implemented is an on-line web based application that will allow customers to electronically apply for benefits. This new web application will minimize the number of paper applications by giving customers a new option for submitting applications.

Local FSD offices and Resource Centers will soon be equipped with public access computers which will enable customers and applicants to take advantage of the online services provided by FSD.

### Business Process Improvements

- Centralized Mail

FSD Income Maintenance (IM) is pursuing the services of centralized mail intake. As the agency became fully imaged (all incoming paperwork scanned into our document repository), the need for a centralized mail intake system quickly emerged as a priority.

- Eligibility Verification

FSD is seeking eligibility verification services to be proactive in the pursuit of determining eligibility, ensuring all possible sources for verification are utilized and requests for missing information are sent the same day. This will also provide FSD the data needed to pursue potential fraud and to ensure program integrity.

- Missouri Eligibility Determination and Enrollment System (MEDES)

In 2015, the Department of Social Services continued development and improvements to the Missouri Eligibility Determination and Enrollment System (MEDES). Improvements have resulted in an increase in the number of applications processed, a reduction in the number of pending applications, and reductions in application processing time. The Department is poised to complete implementation of improvements related to family Medicaid programs in the coming fiscal years.

then to begin implementation of Food Stamps, Temporary Assistance, Child Care and Adult Medicaid categories.

- Streamlining Food Stamp Benefit Processing

The FSD is implementing several new waivers approved by the USDA Food and Nutrition Service that will decrease the amount of time spent on unnecessary activities. Staff is working diligently to increase efficiencies and application process timeliness.

### **Fraud Prevention and Program Integrity**

- Pursuing EBT Fraud

The FSD uses FIS/eFunds Corporations' Fraud Navigator product to block Temporary Assistance (cash) transactions at inappropriate locations such as liquor stores, casinos, gambling/gaming establishments and establishments which provide adult-oriented entertainment. Fraud Navigator also analyzes Food Stamp and Temporary Assistance transactions for possible fraudulent activity and provides alerts to the DSS, Division of Legal Services Welfare Investigations Unit. Transactions can be blocked through ATMs and Point of Sale (POS) terminals.

ATM usage accounts for 84% of the blocked transactions. In FFY2014, FSD blocked 222 total transactions per month for an average savings of \$13,671 via Fraud Navigator. FSD plans to continue the use of Fraud Navigator to support program integrity in FFY2016.

- Use of Incarceration Data in Child Support Enforcement

The Family Support Division's Child Support Program has a need to better locate individuals to serve them with paperwork related to child support enforcement actions and/or paternity actions. Currently, the Missouri Data Exchange (MoDEX) is Missouri's state-wide information-sharing and exchange framework powered by CODY Systems. Cody System's proposed child support process would include "Search On-Demand" which allows users to run simple, quick searches to see an individual's interaction with all participating jails, correctional facilities, police and sheriff's offices. The Cody Systems project will also automatically and constantly run searches for identified individuals and provide alerts via email whenever certain data changes on such individuals. By using the Cody System's program, FSD will expend fewer resources while shortening the time and effort needed to locate individuals. This would also aid and assist FSD to obtain the goals of the Division

### **Improved Customer Service**

- FSD Info Center (Call Center)

The new in-house FSD call center is live was implemented. The call center increased flexibility, monitoring, and reporting of FSD's phone operations. Investments in training and technology were instituted to realize quality improvements and increase the overall efficiency of the call center.

FSD implemented workforce optimization software in the first quarter of 2016 to inform and support staffing decisions. Additionally, the FSD implemented a more robust Interactive Voice Response (IVR) system that provides greater access to self-service options and increased customer satisfaction.

### **Implementing Senate Bill 24 and Increasing Work Participation**

The changes resulting from Senate Bill 24 are leading to increased contact with Temporary Assistance and Food Stamp recipients. The FSD has greatly increased its outreach to recipients to educate them about the new requirements and to encourage them to participate in work or training activities. Advocacy groups and partner agencies are also actively assisting with outreach and education and have been involved in the implementation of SB 24.

FSD has also renewed its partnership with the Department of Economic Development, Division of Workforce Development (DWD). For instance, the FSD is transitioning the Missouri Employment and Training Program to DWD to increase opportunities for Food Stamp recipients to obtain employment and training services. Furthermore, recipients are connecting to DWD's Jobs.Mo.Gov website for job search assistance.

The FSD anticipates the changes to work participation requirements will increase the employment numbers of Food Stamp and Temporary Assistance recipients.

In addition, the FSD also joined state workforce partner agencies in developing a combined State Workforce Investment and Opportunity Act Plan (WIOA), enhancing partnerships with advocacy and partner organizations.



Julie Gibson  
FSD Director

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## Programs & Services

### CHILD SAFETY AND PERMANENCY

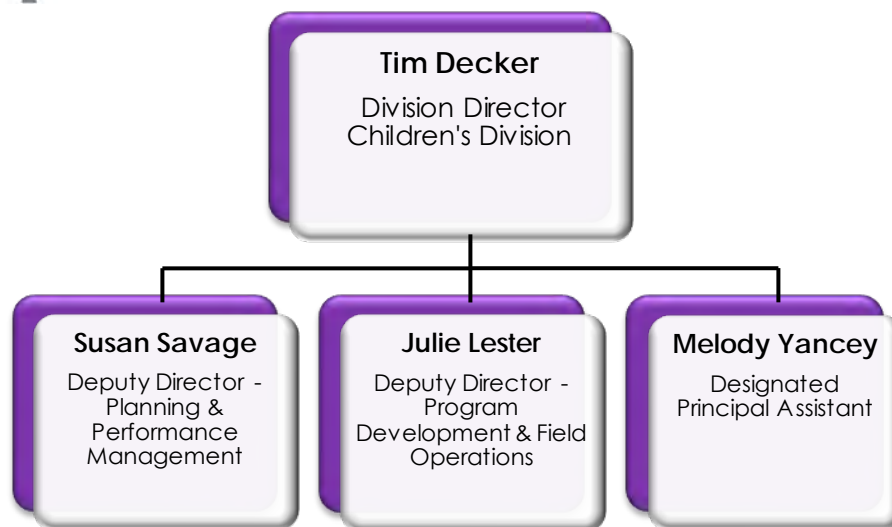
- CHILD ABUSE AND NEGLECT INVESTIGATIONS
- FOSTER CARE TREATMENT SERVICES
- ADOPTION/ GUARDIANSHIP
- INDEPENDENT/ TRANSITIONAL LIVING

### SUBSIDIZED CHILD CARE

### EARLY CHILDHOOD

### CHILD ABUSE PREVENTION

*Children's Division (CD) focuses on child safety, permanency and wellbeing.*



- Accreditation
- Quality Improvement
- Systems Development
- Residential Licensing
- Quality Assurance
- Foster Care Case Management Contract
- Other Inter-Departmental Initiatives
- Professional Development and Training
- Interstate Compact

- Child Abuse and Neglect Hotline
- Child Abuse and Neglect Investigations and Assessments
- Foster Care Treatment Services
- Independent/ Transitional Living
- Adoption/ Guardianship

- Critical Incident Coordination
- Communication and Constituent Services
- Legislative Operations
- Emergency Management
- Early Childhood and Prevention Services
- Fiscal Liaison
- Human Resources

Find the Children's Division on the web at [www.dss.mo.gov/cd/](http://www.dss.mo.gov/cd/)



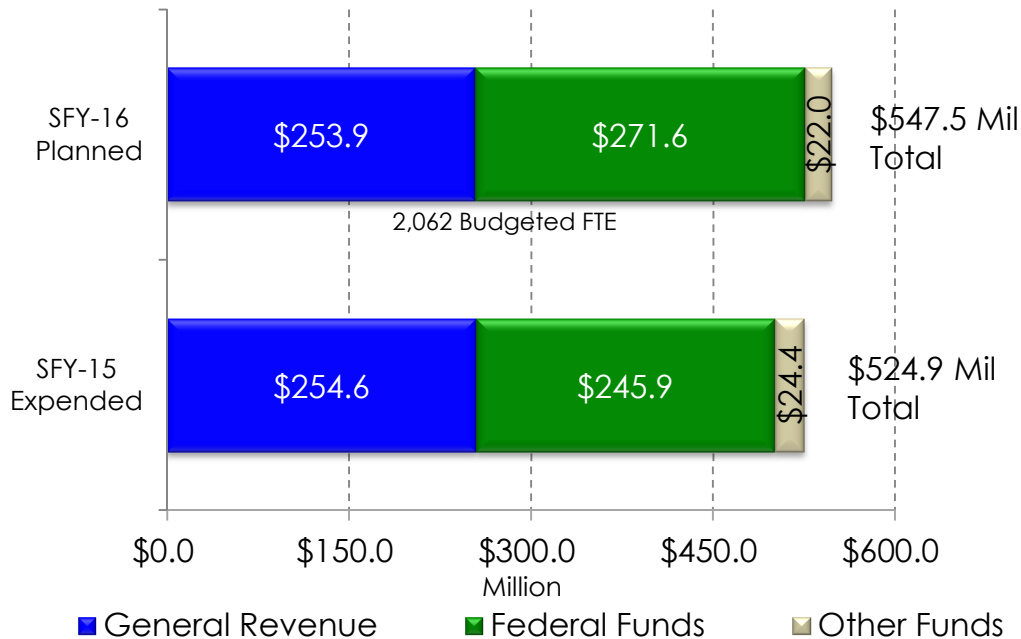
# Children's Division CD

## CD Programs and Services

CD provides the following programs and services:

- **24-Hour Hotline** provides a mechanism for the public to report alleged incidents of child abuse and neglect.
- **Investigates** hotline calls in which criminal child abuse or neglect is alleged.
- **Family Assessments** on hotline calls in which a child's safety or well-being may be at risk but the incident reported does not constitute a criminal child abuse or neglect allegation.
- **Family-Centered Services** to allow children to remain safely in their homes with their parents.
- **Foster Care** for abused or neglected children who cannot remain safely in their homes with their parents.
- **Adoption/Guardianship** for children who cannot safely return to their homes with their parents.
- **Child Care** programs for low income parents.

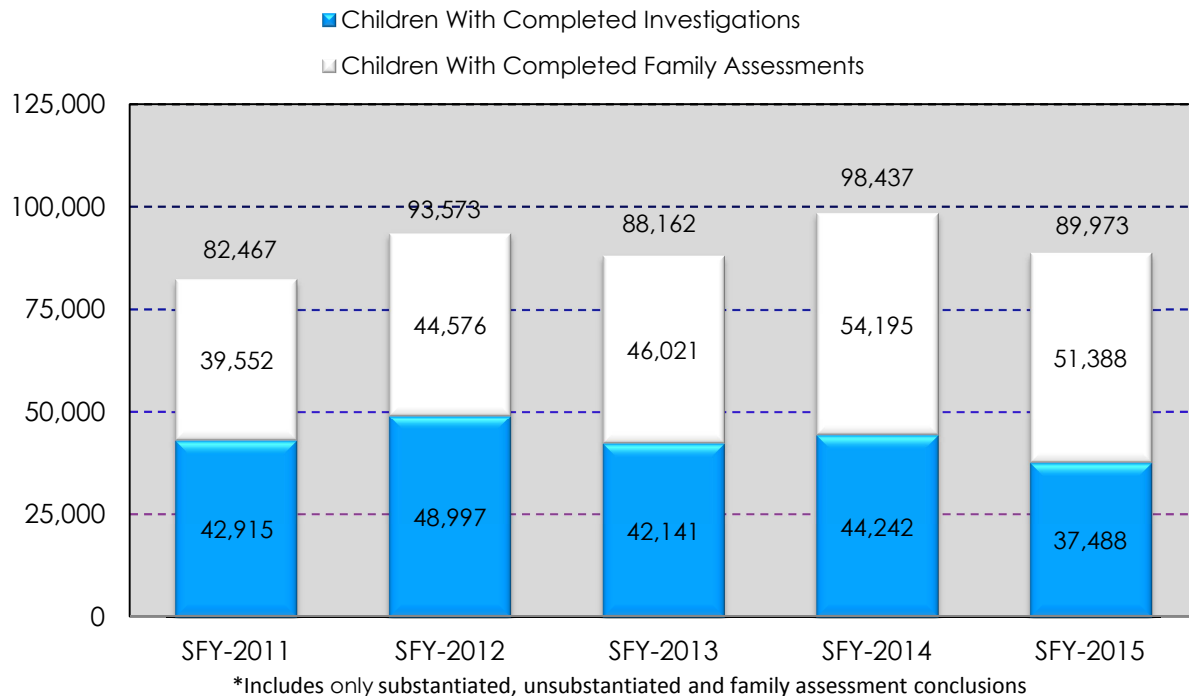
## CD Expenditures SFY-15 to SFY-16 Planned (in millions)



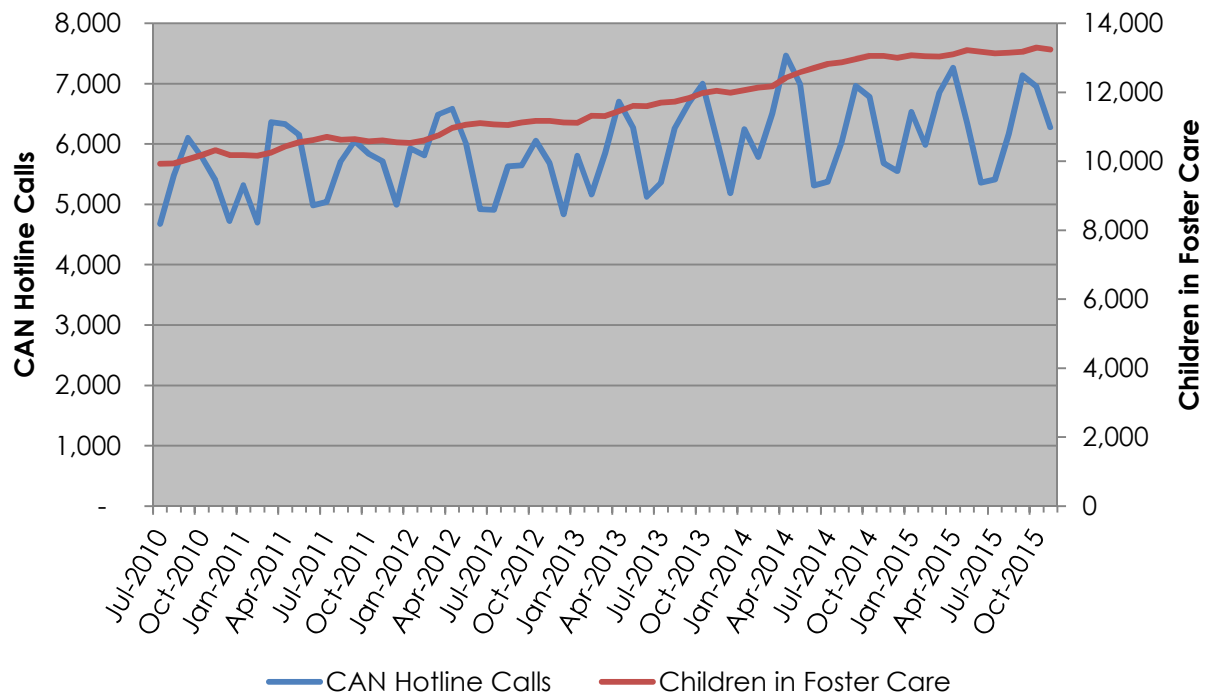
FY 2016 Planned includes a \$7.3million supplemental request.

## Who Does CD Serve

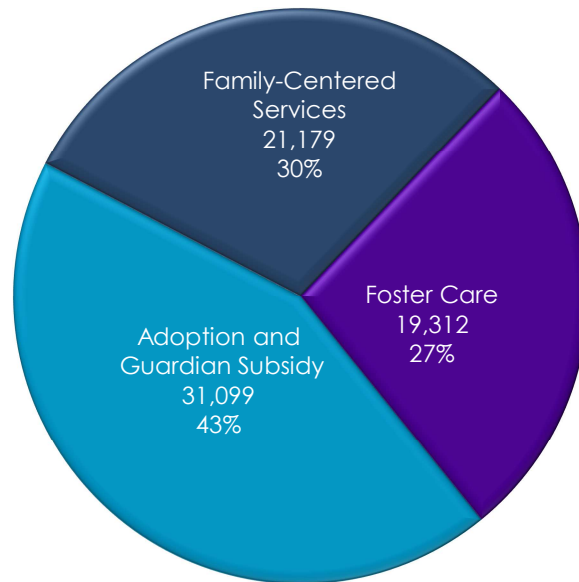
### Children With CAN Hotline Reports Completed\*



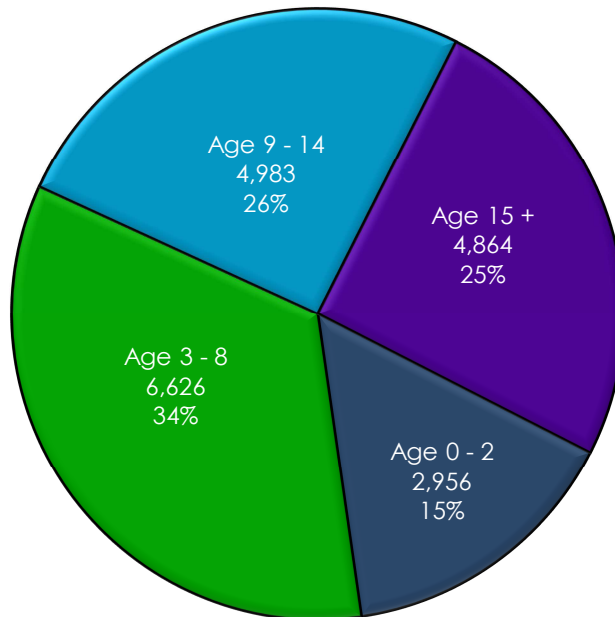
### CAN Hotline Calls and Children in Foster Care



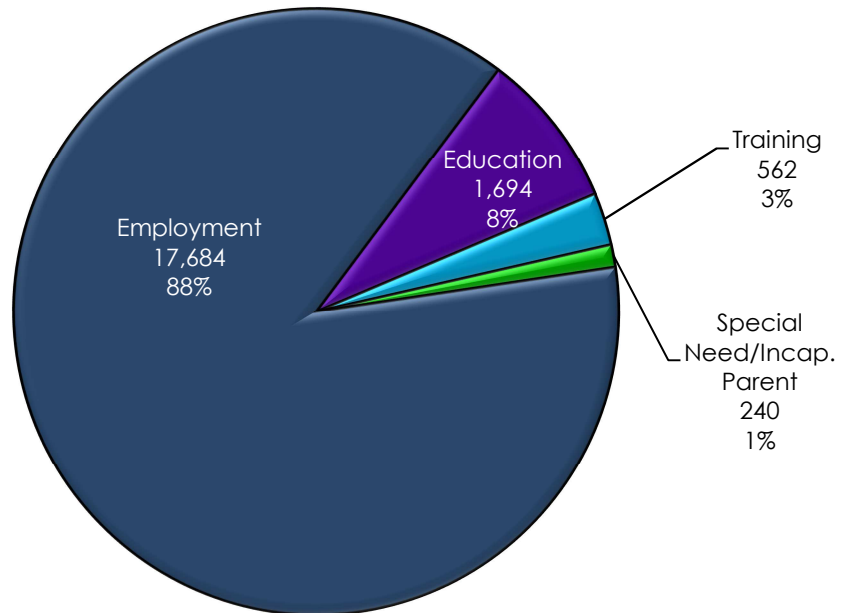
## Children Receiving Children's Division Services by Type SFY 2015



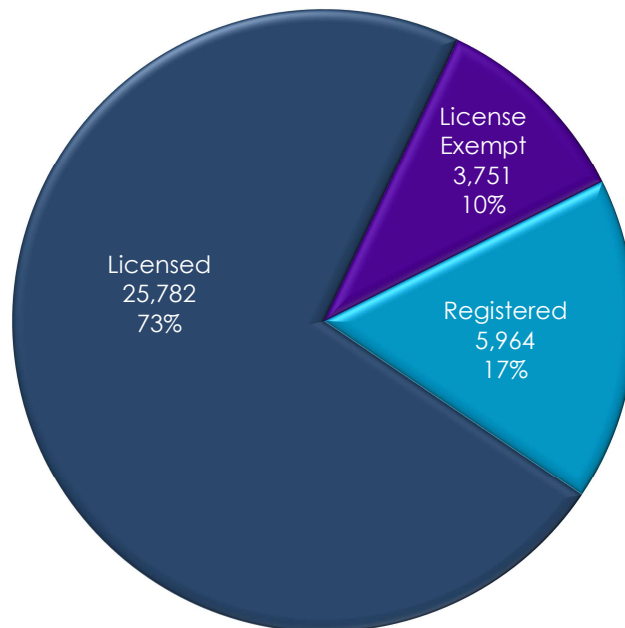
## Children in Foster Care by Age for SFY 2015



## Child Care Assistance to Low-Income Families by Reason for Care November 2015



## Children Served by Child Care Providers Type November 2015



## Children's Division Priorities

### Quality Staffing and Service Delivery

- Reaccreditation and Completion of Federal Program Improvement Plan (PIP) Goals

The Children's Division became fully reaccredited through Council on Accreditation (COA) in March 2015. The reaccreditation process included an extensive agency self-assessment, and site visits throughout the state over a two year period by 15 external COA review teams. The process included an extensive review of best practice standards and performance and included interviews with over 200 community stakeholders. The Missouri Children's Division first achieved accreditation January 14, 2010.

The Children's Division completed a 2011 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) in October 2014. The CSFR is a federally mandated review designed to improve child welfare services through an assessment of safety, permanency and wellbeing outcomes for children and families as established in the Adoption and Safe Families Act.

The PIP addressed four broad areas of CSFR measures including: increasing safety for children; increasing accountability and oversight to align policy with practice; supporting staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching, mentoring and modeling; and collaborating with other agencies to improve practice through establishing and sharing of service resources.

- Career Ladder

The Career Ladder was implemented July 1, 2014, for Children's Service Workers. Based on competency and performance, 359 staff members were promoted to Children's Service Worker IIIs and 24 to Children Service Worker IVs.

This initiative is designed to increase retention and effectiveness of Children's Service Workers and Supervisors, provide opportunities for advancement, increase teamwork and shared responsibility, and provide a framework for ongoing professional and leadership development tied to proven core competencies (knowledge, skills).

- Strengthening the Workforce and Organizational Culture

The Division implemented a "mobility project" providing front-line child welfare practitioners with tablets (iPads) to increase access to real-time information while increasing efficiency and data entry accuracy.

Leadership academies are being implemented for all supervisors and managers. Curriculum is based on best practice research and focused on the knowledge and skills required of child

welfare leaders. Participants must design and lead a change or improvement project to graduate the program.

Investigative staff members are receiving training focused on enhancing interview skills, collection of evidence techniques, and strengthening collaboration efforts with team members such as law enforcement and prosecuting attorneys to increase thoroughness of investigations and further promote safety for children.

- National Child Welfare Workforce Initiative (NCWWI)

Missouri State University and the University of Kansas City received grants for partnerships with the Children's Division to develop BSW and MSW traineeship programs, local child welfare agency engagement strategies, and specialized child welfare curriculum that are evidence based and trauma informed.

Missouri Children's Division is one of the three jurisdictions selected nationally as a Workforce Excellence Project – a proactive, strategic, collaborative, and sustainable initiative designed to address critical workforce challenges.

### **Best Practice and Improving Outcomes**

- Supporting Healthy Development and Normalization for Foster Children

Prompted by common themes that have emerged throughout these experiences, and federal legislation, *H.R. 4980 Subtitle B: Improving Opportunities for Children in Foster Care and Supporting Permanency*, the Children's Division formed a Youth Empowerment Task Force to envision and facilitate culture and practice changes in areas such as increasing youth voice and choice, normalcy, financial capacity, wellbeing, and healthy transitions.

Young people in foster care have significant strengths and are often extremely resilient; however, the needs of older youth are unique as they experience significant developmental milestones away from their natural family settings, often in congregate care.

Policy, procedure, and practice changes are needed throughout the child welfare system to ensure that young people have the opportunity for 'normal' life experience where they can develop meaningful connections to supports, develop skills for a successful adulthood and have the same life experiences as their peers.

- Trauma-Informed System

Children's Division has developed trauma specialists in each region. All staff receive training based on the National Childhood Traumatic Stress Network Child Welfare Toolkit.

Children's Service Workers, Service Supervisors, and others throughout the system are at risk for developing secondary traumatic stress. Training and organizational practices are being implemented and adapted to reduce the impact.

Children's Division is working to become a trauma-informed system including policy, service, and practice changes to more effectively work with and support those impacted by trauma.

- Coordination of Health Care for Foster Children

Children's Division, MO Health Net, and partners in the St. Louis Region including Cardinal Glennon Children's Hospital and the SPOT Clinic at Washington University have developed a Health Care Home Pilot Project for foster children to effectively coordinate health and mental health services for children in care.

- Promoting & Researching Opportunities for Making Permanency Timely (PROMPT)

This is a Children's Division action team focused on timely permanency. The approach utilizes data, research, and focused strategies to decrease time to permanency and prevent disruptions in permanency and stability for children either in CD custody or at risk of entering or re-entering custody.

Expanded judicial engagement, court, and community partnerships to support timely reunification, guardianship, or adoption are an emphasis of this team, as well as working to remove legal or procedural barriers.

Finally, the development of community-based resource networks to support children remaining in or returning to family-based settings ensures sustained permanency outcomes.

- Family-Centered Services Practice Model

The Children's Division is implementing more effective and evidence informed practices including the *Signs of Safety* Child Protection and *Five Domains of Wellbeing* Frameworks.

Expanding *Team Decision-Making (TDM)* based on a full understanding of safety and risk, and the development of safety networks for families.

Implementing Family-Centered Service project sites focused on implementing more effective services for intact families.

Children's Division and Department of Mental Health (DMH) partnership to identify and expand evidence-based substance abuse models to add to the resources available.

- Crossover Youth Initiative

The Crossover Youth Initiative is an integrated continuum of care which more effectively serves Missouri's youth by reducing crossover between child welfare and juvenile justice systems. The Multi-system Crossover Youth Policy Team identifies system improvements and implements trauma informed, more effective crossover youth policies and practices.

- Youth with Problem Sexual Behaviors

Implementing SB 341 family assessment process beginning August 28, 2015 for child abuse and neglect hotline calls related to youth with problem sexual behaviors under age 14.

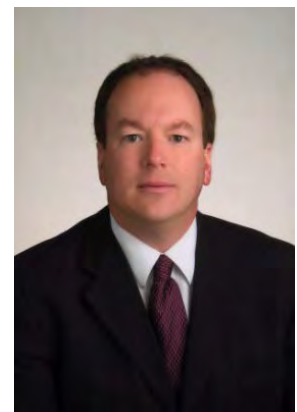
Specialized training, consultation, and support provided by partners and members of the Task Force on the Prevention of Sexual Abuse of Children.

- Customer Service Partnerships

The Department of Social Services partnering with the Department of Economic Development, Division of Workforce Development to create the Missouri Customer Service Partnership. This project brings together business, government and young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement.

The initial two pilot cycles were completed November 2014 with St. Louis Community College and Ozarks Technical College, Springfield. A third site will begin in Kansas City in the Spring of 2016 with the Metropolitan Community Colleges.

Supportive, community-based services and community and faith based volunteers are linked with individual youth beginning with the training sessions to be followed through the first year of employment.



Tim Decker  
CD Director

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# DIVISION OF YOUTH SERVICES

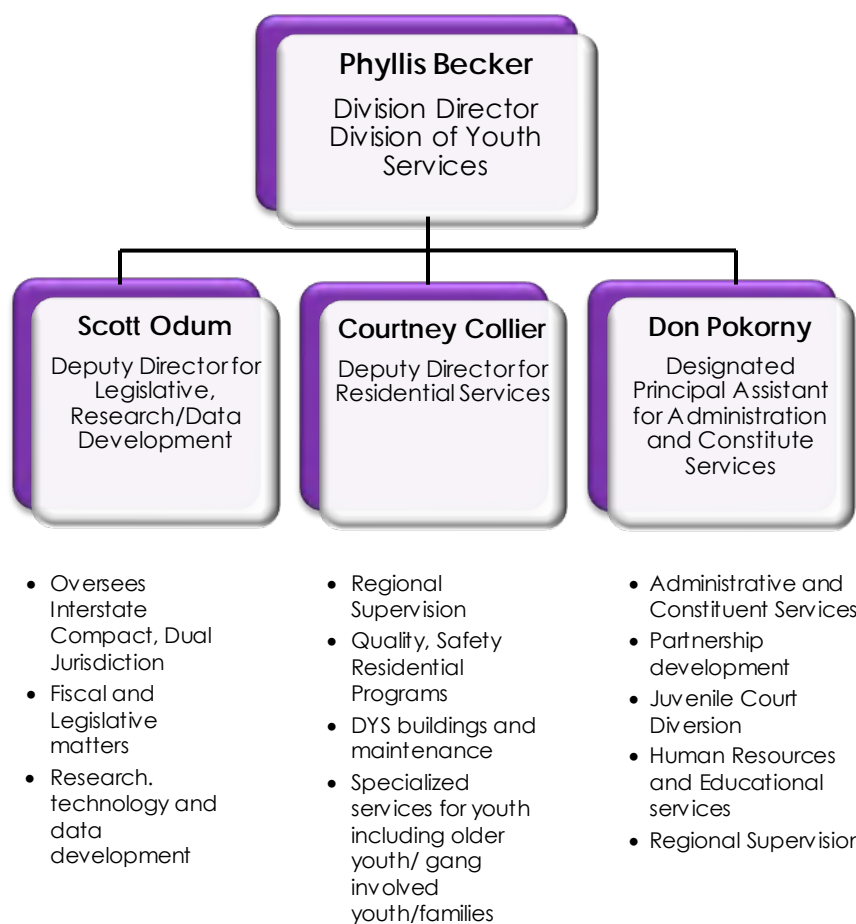
2016

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## Programs & Services

- CASE MANAGEMENT
- RESIDENTIAL TREATMENT
- DAY TREATMENT
- JUVENILE COURT DIVERSION

*Division of Youth Services (DYS) treats youth that have encountered the juvenile justice system.*



Find the Division of Youth Services on the web at [www.dss.mo.gov/dys/](http://www.dss.mo.gov/dys/)



# Division of Youth Services

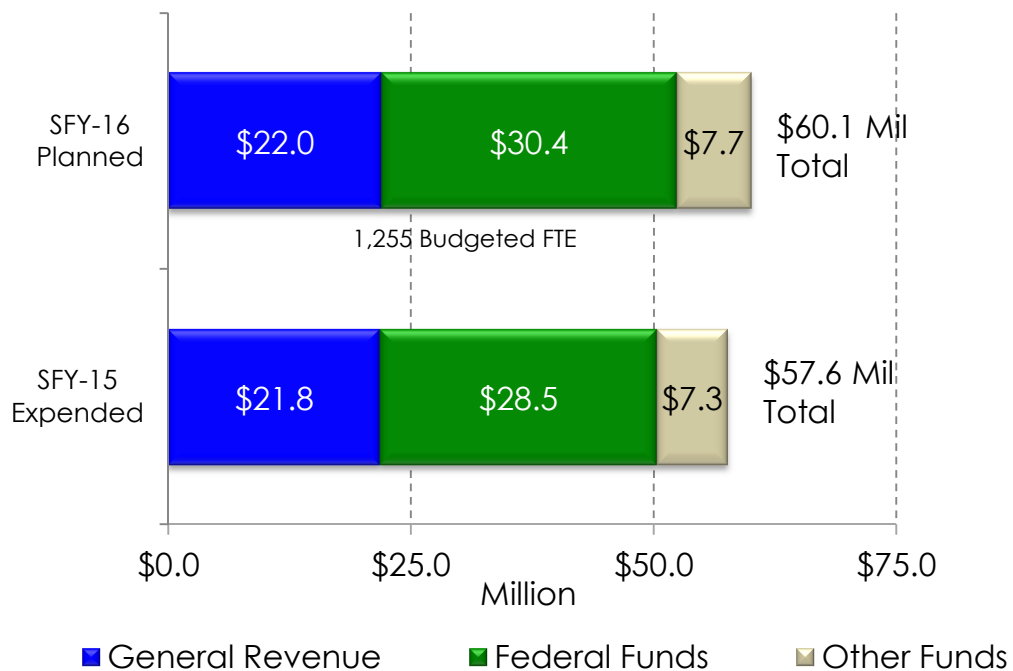
## DYS

### DYS Programs and Services

DYS administers the following needs based programs:

- DYS works to rehabilitate juvenile offenders through the following services and programs with the courts.
- **Treatment** programs that range from non-residential day treatment/resource centers, community based, moderate and secure residential institutions.
- **Education** in an accredited program that allows youth to earn high school credits toward a diploma or HiSet.
- **Juvenile Court Diversion** provides community-based services to prevent juveniles from coming into DYS custody.

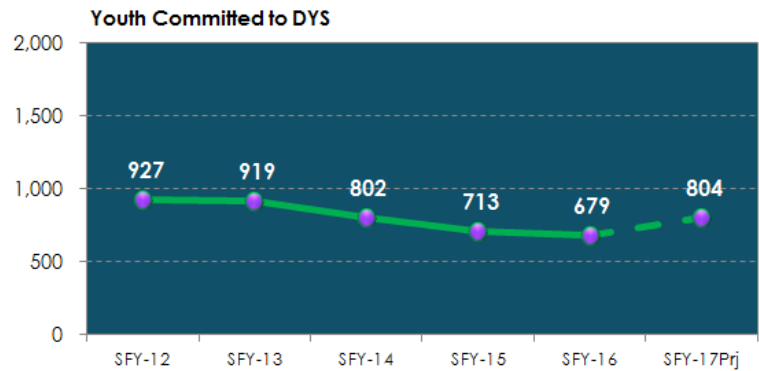
### DYS Expenditures SFY-15 to SFY-16 Planned (in millions)





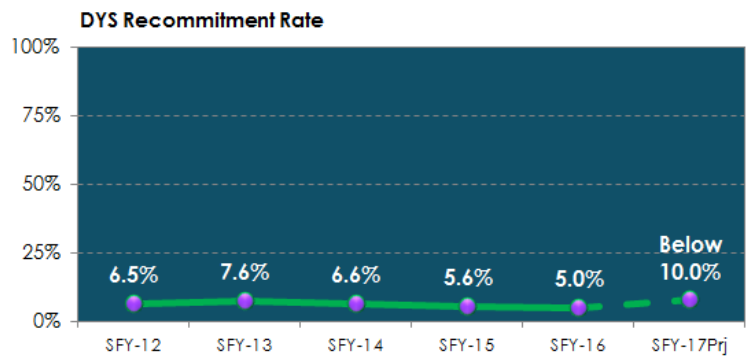
## Youth Committed to DYS

- The downward commitment trend is a result of fewer referrals to Missouri's Juvenile Courts, increased emphasis on Juvenile Court diversions and greater collaboration between DYS and the courts.
- This trend allows DYS resources to be focused on the youth most in need of intervention and most at risk for future offenses.
- DYS is continually monitoring commitment trends and intervening where courts are experiencing increased commitments.



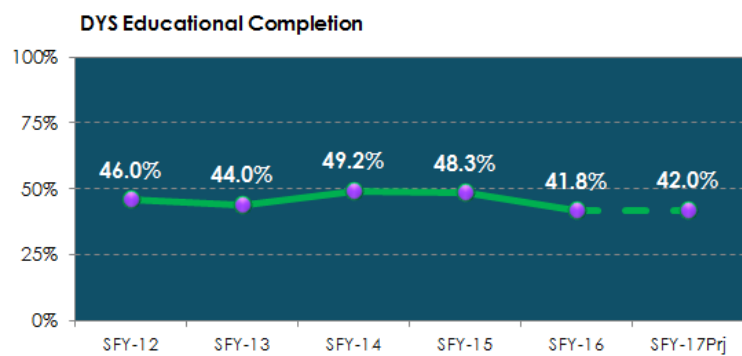
## DYS Recommitment Rate

- Recommitments remain stable due to DYS' comprehensive and individualized approach to treatment and education.
- Youth are discharged from care when they are ready to succeed at home and in the community without further intervention by the state juvenile justice system.



## DYS Educational Completion

- School completion is a predictor of law-abiding behavior.
- DYS students awarded a diploma or general education diploma (HiSet) increased significantly from SFY-08 to SFY-14. Focus areas include:
  - The DYS credit recovery program was expanded, resulting in a significant increase in high school graduates.

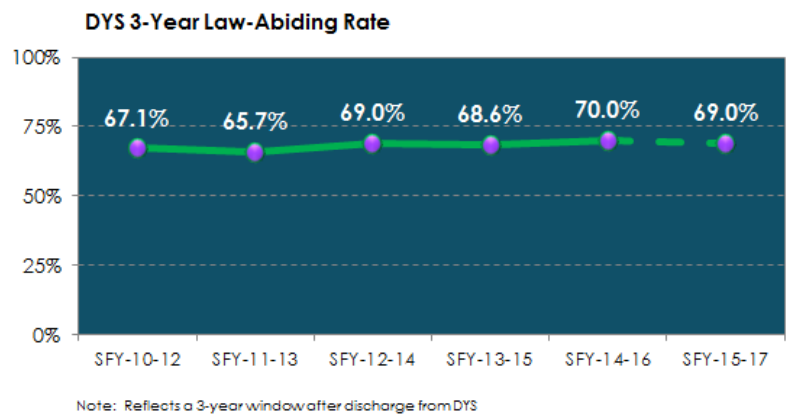


Note: Data is based on youth age 17 and older.

- DYS committed increased resources and established standards and goals focused on education achievement and completion.
- Teachers were provided increased professional development opportunities in instructional improvement.

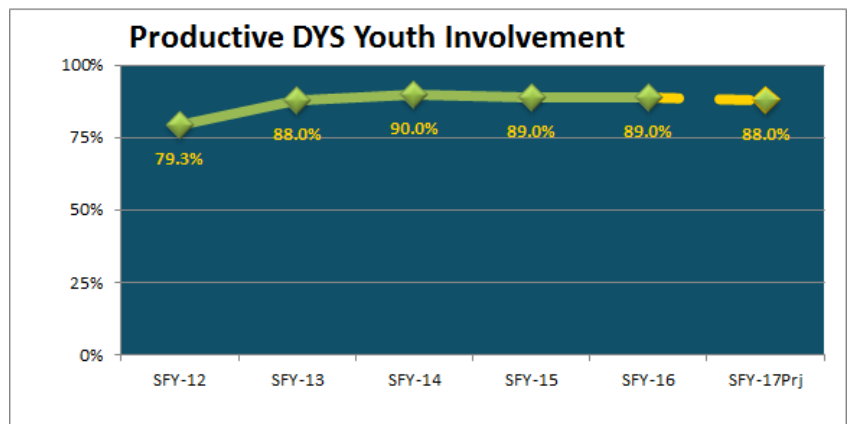
### DYS 3-Year Law-Abiding Rate

- The law-abiding rate measures the percentage of youth discharged from DYS custody avoiding future system involvement including recommitment to DYS, adult probation or adult incarceration.
- Youth are followed for three years after discharge from the DYS (when services ceased.) This is one of the most rigorous standards in the nation.



### Productive DYS Youth Involvement

- Productive involvement entails contributing to community and involving oneself in positive activities such as school, work and service.
- Productive involvement, measured at the time of discharge from DYS custody, is a strong indicator of agency proficiency in preparing youth for success, youth motivation and engagement of family and community.



## **Successfully Concluded First Three Year Prison Rape Elimination Act (PREA) Audit Cycle.**

The Prison Rape Elimination Act (PREA) is a federal law developed to prevent, detect and eliminate incidents of sexual abuse and harassment and audits occur in 3 year rounds. DYS has successfully implemented standards in all residential programs. In 2016, audits were conducted on 12 contracted detention center sites. Based on the audits, all sites are in full compliance with this federal law. This year's audits successfully completed the first full three year cycle. DYS continues to monitor DYS programs to ensure ongoing compliance.

## **Contributing to Best Practices in Juvenile Justice**

The Division of Youth Services has been honored to contribute nationally in regard to optimal practices in the Juvenile Justice Field. Contributions include the following:

- Led an inter-departmental overview and discussion of DYS' treatment approach specific to residential programming with Children's Division leadership.
- Participated in the Juvenile Detention Alternatives Initiative (JDAI) Inter-site Conference with leaders from JDAI communities across the nation
- Provided a tele-presentation to graduate students at the John F. Kennedy School of Government at Harvard University consisting of an overview and discussion of Missouri's therapeutic approach to juvenile justice.
- Led a presentation on the Missouri Approach to Juvenile Justice to leaders from the National Governors Association and other senior state officials in Washington D.C.
- Provided overview, discussion, and site tours to the following groups:
  - Advocacy organizations including Youth First Initiative and Annie Casey Foundation
  - Delegation of Juvenile Justice leadership from the state of Florida
  - Full Frame Initiative Board of Directors

## **Educational Highlights**

The GED High School Equivalence Test changed in Missouri on January 1, 2014 to the HSET assessment. During this transition period changes and increased standards were implemented as a part of HSET. The following are DYS educational results in 2016:

- 42% of Discharged 17+ year old students completed their Secondary Education while in DYS care.
- DYS students who attempted the HSET test passed at an 84% rate – 264/314.
- 127 DYS Students graduated with a High School Diploma in FY 16. The highest ever recorded total.
- 77% of DYS discharged students improved in Math, Reading, Writing, and overall from entry to completion of their treatment programs.
- 104 DYS students were actively pursuing their post-secondary education in college on-line courses or training programs in FY-16.
- DYS students were very successful in FY-16 achieving WorkKeys certificates applicable toward future occupations in the job market. 232 students earned these certificates.
- 392 students completed their secondary education with DYS.

## **Building Capacity and Skills of Frontline Leaders and Treatment Staff**

In 2016, DYS continued to enhance its Comprehensive Individual Treatment Plan format and process to better customize and meet youth and family needs. DYS Advanced Five Domains of Well Being capacity in every region. DYS collaborated with Children's Division and did some Transformational Coaching training for some of the Children's Divisions leaders. DYS continued quarterly coaching calls with Regional teams to support quality implementation of the enhanced comprehensive treatment planning process.

## **Family and Community Engagement**

DYS successfully completed four Families and Schools Together® (FAST) cycles statewide. The eight-week, evidence-based program strengthened the Division's family engagement efforts through social support groups, hands on activities, and community support services. FAST teams composed of adult and youth partners hosted forty-three graduating families. Statewide, parents reported that their relationship with their child improved as a result of the effective communication skills learned during the program. Youth reported that their experience in FAST improved family cohesion while reducing conflict.



## **Measuring Youth Outcomes and Program Effectiveness**

DYS has proven to be an effective system with exemplary law-abiding rates. The Division values continuous quality improvement and is focusing on identifying additional outcomes and indicators of effective programming, practices, positive youth development and well-being.

## **Education Technology**

Beginning in 2016, the Division of Youth Services partnered with the Center for Educational Excellence in Alternative Settings (CEEAS) to increase technology while delivering enhanced blended learning opportunities to students in DYS facilities. DYS participated in the application process and chose 6 pilot locations, one from each region and STAR School, to be part of the initiative. DYS with ITSD assessed site infrastructure and bandwidth for implementing this project. Monitoring software selected and installed on all classroom computers to assist teachers in enhancing technology in a safe and secure environment. Coordinated and planned for DYS pilot participation in national CEEAS Unjammed training in Baltimore, MD.



## Educational Technology

The blended learning initiative continues in FY17 with training and on-going implementation:

- Selected teachers and administrators will attend the Unjammed training in Baltimore.
- Pilot sites will begin to incorporate new blended learning styles into curriculum from Unjammed training and yearlong support from CEEAS.
- DYS and ITSD continue to evaluate and explore bandwidth and possibility of Wi-Fi in the classroom.
- DYS will explore the potential for one to one mobile devices for students.
- DYS will continue monthly conference calls with CEEAS to focus on challenges and strengths of blended learning initiative.
- Pilot sites will participate in national projects with students sponsored by CEEAS



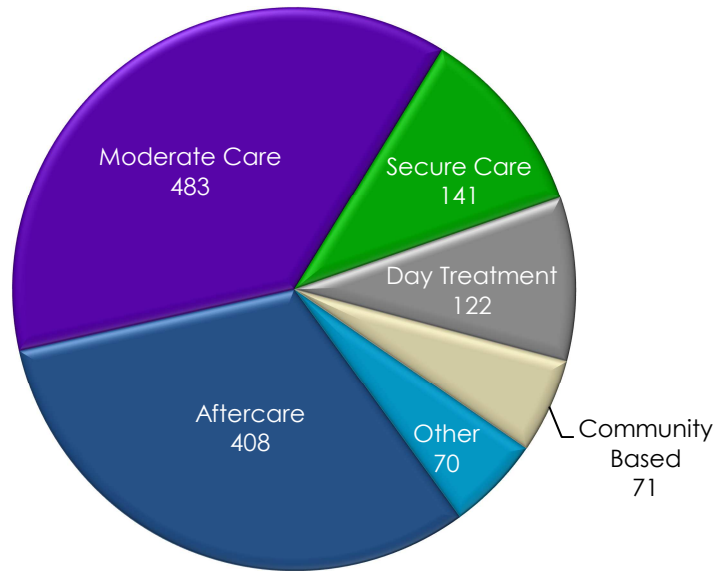
Phyllis Becker  
DYS Director

## Assessment of the Division's Information Technology Foundation and Exploration of Improved Information Systems for Case Management and School Functions

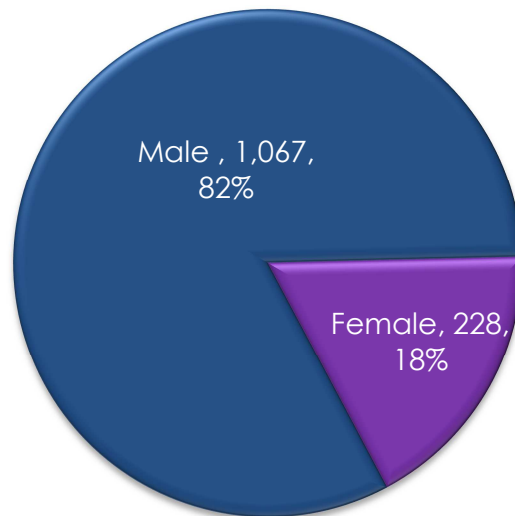
- Planning for migration from outdated information systems.
- Reviewing internal and external possibilities for modern, compatible information systems to improve efficiency and effectiveness of case management and school functions within the agency.

## Who Does DYS Serve?

### Number of Division of Youth Services Youth by Type of Care November 30, 2015



### Number of Youth in Division of Youth Services Care by Gender as of November 30, 2015



## **Division of Youth Services Types of Care**

**Residential Treatment** – Residential placement provided for youth who by past behavior or offense have demonstrated an inability to function satisfactorily in a community setting. These programs provide extensive counseling, life-skills training, and in-house education.

**Secure Care** – Residential placement for youth who require a higher degree of structure and supervision.

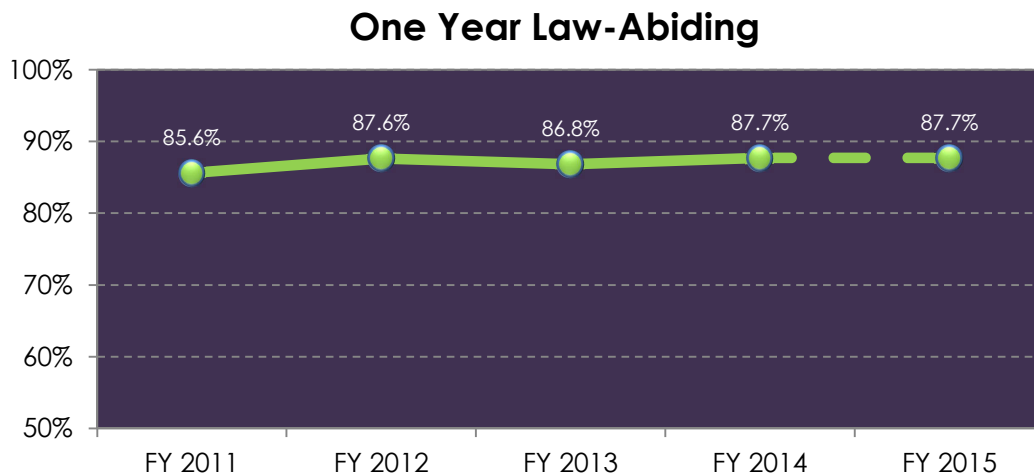
**Moderate Care** – Residential placement for youth who cannot function well in community environments and require a more structured setting.

**Group Homes** – Residential placement for youth who are able to function in a community setting but require a more structured “home” environment.

**Day Treatment/Resource Centers** – Structured alternative educational programming and treatment interventions including: activities that promote social and emotional competence, traditional academic courses, career planning, and job seeking skills. Day treatment/resource centers increase the Division's ability to provide “eyes-on” supervision to youth living in the community and provide structured learning activities.

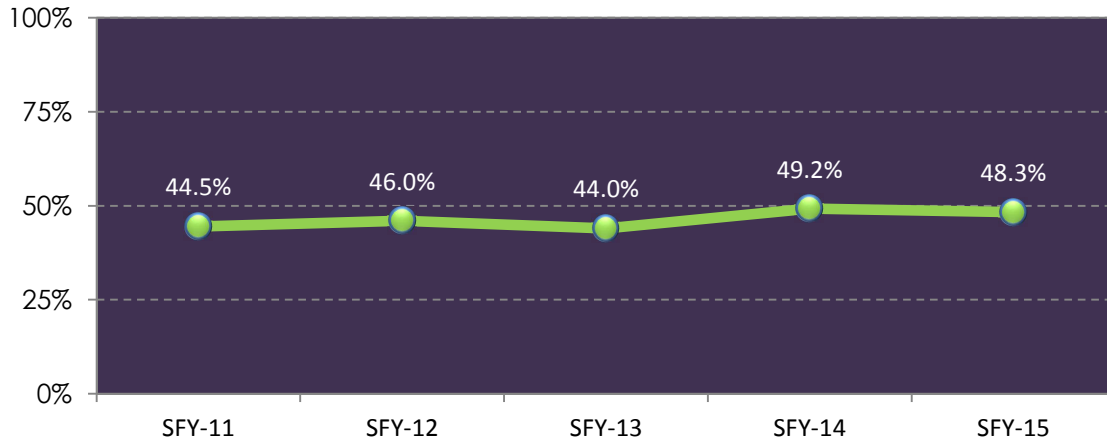
**Aftercare** – Release to aftercare is made when a youth has successfully completed the treatment plan goals, or received the maximum benefit from residential placement and would benefit from, or require continued services by the Division.

**Other** – Contractual Residential Care for youth who could benefit from a specialized contractual care setting, or when DYS bed space may not be available; Community Care placement for youth who are committed to the Division and can be best served in their home through intensive case management; Reception and Detention is for youth who are committed to the Division yet are waiting to be placed.



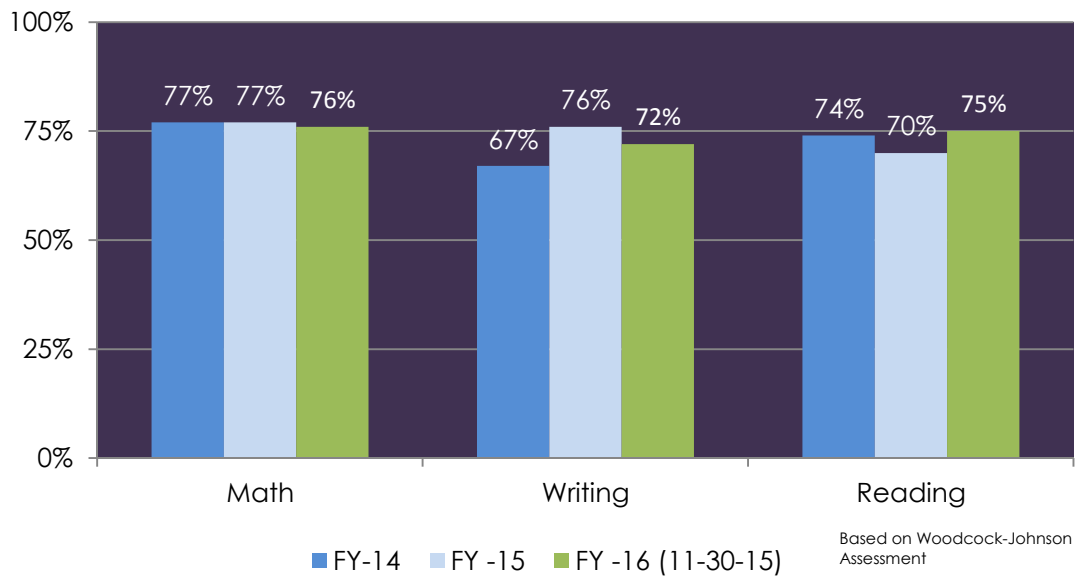
Note: FY 2015 actuals will be available August 2016

## DYS Educational Completion

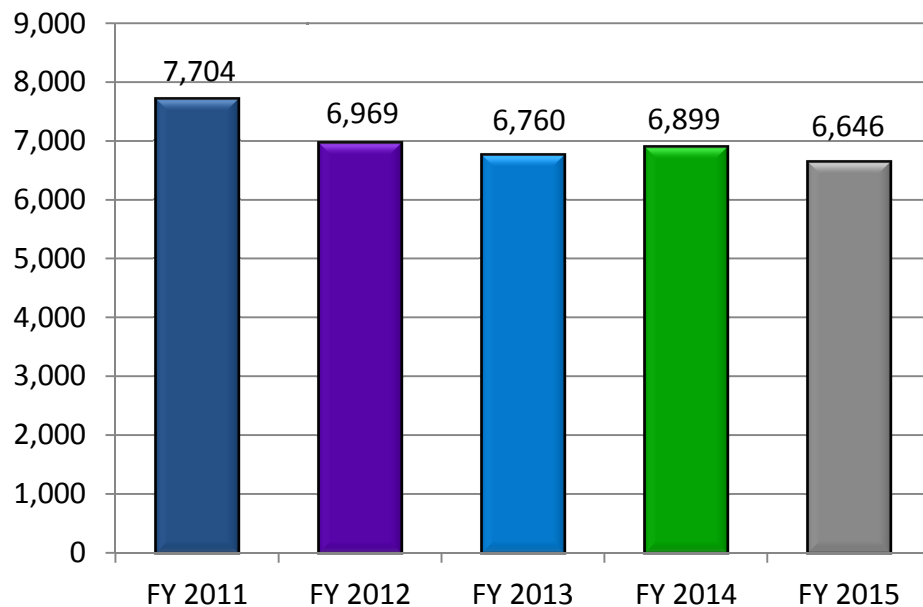


Note: Data is based on youth age 17 and older.

## Percentage of Students Improving at Least One Grade Between Pre-Test & Post-Test



### Court Referred Youth Diverted FY 2011-2015



- The Division of Youth Services and the Juvenile and Family courts across the state are committed to preventing unnecessary out-of-home placement for youth.
- The Division awards Juvenile Court Diversion subsidies to participating judicial circuits assisting to create and support local community-based programs. This program is targeted to keep youth at home and avoid further involvement with the juvenile justice system.
- 39 of 45 judicial circuits participate, operating 54 programs statewide.
- 6,943 court-referred youth were provided services within the local community through these subsidies.
- 6,646 or 95.7% of participating youth avoided commitment to the Division of Youth Services.

## Division of Youth Services Division Priorities

### **Improving Youth Outcomes**

- Comprehensive Treatment Planning

Youth, family, community involvement and decision-making in the youth's treatment plan builds a stronger path for successful integration into the community. DYS has enhanced its treatment planning process through an intensive effort to further improve outcomes by strengthening youth's transitions back home and into the community. Family engagement is emphasized throughout the youth's treatment as well as utilization of a strengths based treatment plan.

- Strengthening Treatment Practices in DYS Programs and Services

The division's integrated treatment approach in residential and non-residential programs provides services that are humane, trauma informed and developmental. Research confirms that juvenile justice programs with a therapeutic philosophy and group approach are notably more effective than those with a control philosophy. Strategies to further sustain optimal practices include intensive training, support, and capacity building with front line leaders and treatment staff.

- Family Engagement

Family participation in the youth's treatment process is essential and is an avenue to facilitate change in the family system. DYS continues to create opportunities for family involvement including the implementation of Families and Schools Together (FAST), an evidence-based family strengthening and engagement program. Planning is underway to further train DYS staff to be certified FAST trainers in order integrate FAST as a part of DYS treatment programming.

### **Effectively Preparing Youth for Work, Education and Careers**

- Increasing College/Career Readiness and Post-Secondary/Transitional Learning Program

Education completion is a well-known indicator of future success and well-being. DYS continues to create and improve access to post-secondary education opportunities for students who have attained their High School Equivalency Testing (HiSET) or achieved their high school diploma prior to discharge. While an increasing number of DYS students are now enrolled in college or other post-secondary activities, more progress is needed through the expansion of National Career Readiness Certificate preparation and the integration of Individual student learning plans with transitional goals of educational completion, career planning and post-secondary learning, training or work.

- Transitioning from GED to HISET

DYS will continue to motivate eligible students toward success on the HiSET (High School Equivalence Test). The HISET assessment changed in 2015-16 to become less general knowledge, and more college- preparatory. To meet increased standards due to the changes in the HISET, DYS is partnering with the Department of Corrections to provide best practice workshops in Mathematics for DYS teachers for the HISET. In addition, DYS is investing in learning tools and resources for youth and teachers. Eligible students are provided direct instruction, online learning and study programs to prepare for the assessment.

### **Measuring Youth Outcomes and Program Effectiveness**

DYS has proven to be an effective system with exemplary law-abiding rates. The Division values continuous quality improvement and will be focusing on Identifying additional outcomes and indicators of effective programming, practices and positive youth development and well-being.

### **PREA**

Prepare and Support DYS Programs and Contracted Juvenile Courts for Prison Rape Elimination Act (PREA) Audits

Safety is the foundation of DYS programs ensuring youth can receive the treatment they need to change behavior and be successful. All DYS programs successfully completed the first round of audits with no findings. Strategies to fully integrate PREA as a part of DYS' overall approach include:

- Updating DYS statewide and regional systems for PREA desktop reviews polices and other tools related to PREA for future and ongoing PREA audits
- Collaborating with the Office of State Courts Administrator (OSCA) and contracted juvenile detention centers to assist with PREA compliance and preparation for 2016 audits.

### **Assessment of the Division's Information Technology Foundation and Exploration of Improved Information Systems for Case Management and School Functions**

- Planning for migration from outdated information systems.
- Reviewing internal and external possibilities for modern, compatible information systems to improve efficiency and effectiveness of case management and school functions within the agency.

Phyllis Becker  
DYS Director



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# MO HEALTHNET DIVISION

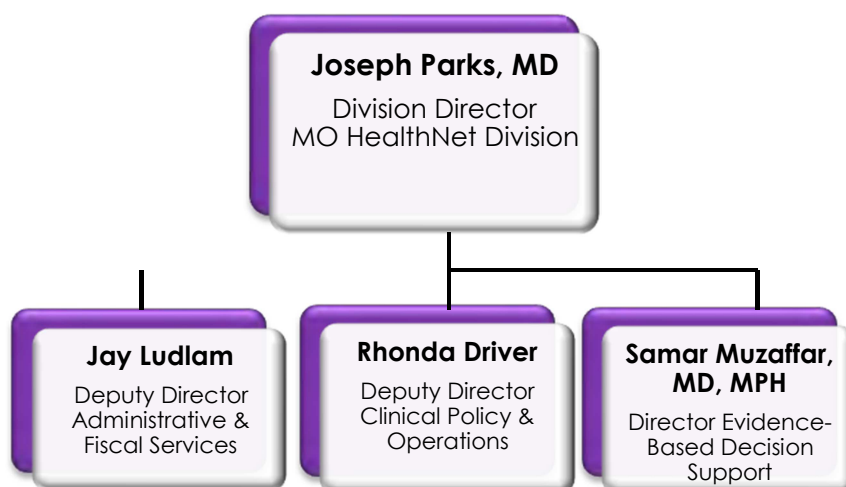
# 2016

615 Howerton Court • PO Box 6500 • Jefferson City, MO 65102-6500 • Phone: 573-751-3425

## Programs & Services

- MO HEALTHNET
- MISSOURI RX (MoRx) PLAN

MO HealthNet Division (MHD) administers publicly financed health care programs for lower income Missourians.

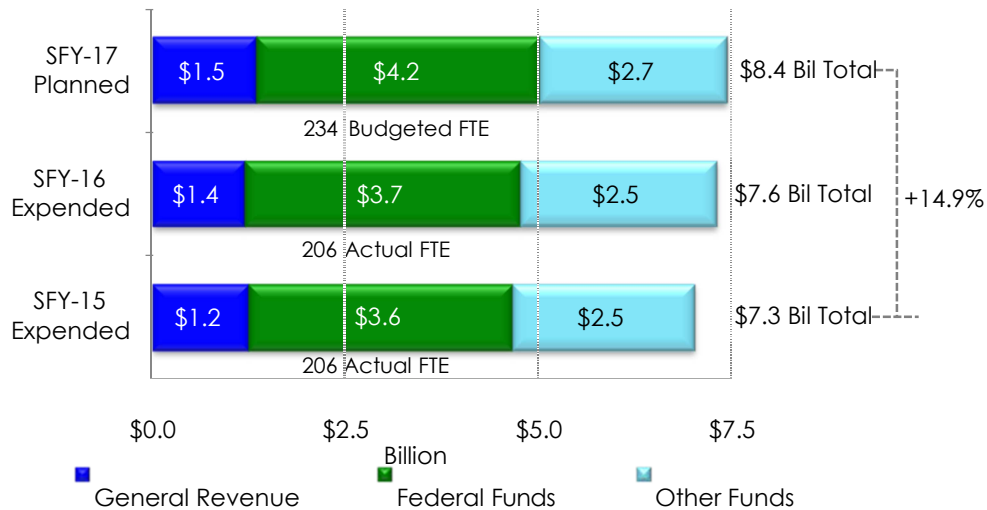


- |   |   |  |
|---|---|--|
| □ MMIS/Fiscal Agent Operations and Reprocurement            | □ Pharmacy Services Management                | □ Evidence-Based Medical Policy Development                          |
| □ Budget & Financial Services                               | □ Clinical Services Management and Operations | □ Health Home Program  |
| □ Post-payment Recovery and Cost Avoidance                  | □ Managed Care Administration                 | □ Fee For Service (FFS) Case Management Pilot Program                |
| □ Outpatient, Hospital, Nursing Home Policy & Reimbursement | □ Non-Emergency Medical Transportation        | □ Managed Care and FFS Clinical and Quality Review                   |
| □ Premium Collections                                       | □ Waivers                                     | □ Physician Consultation, Utilization Review and Prior Authorization |
| □ Human Resources   | □ Money Follows the Person                    | □ Quality Program  |
| □ Provider Education  |   | □ Behavioral Health Program  |
| □ Participant Services                                      |   |  |

Find the MO HealthNet Division on the web at [www.dss.mo.gov/mhd/](http://www.dss.mo.gov/mhd/)



## MHD Expenditures SFY-15 to SFY-17 Planned



- In FY-2016, an increase in Pharmacy expenditures was driven by increased specialty drug costs. The specialty drug sector is a growing percentage of overall MHD Pharmacy expenditures, from 50.6% in FY-16, to an estimated 51.7% in FY-17.
- MO HealthNet caseload increased from 883,672 in FY-15 to 965,095 in FY-16.
- FY-16 MHD total expenditures increased \$223.1 million or 3.1% over FY-15 expenditures.
- FY-17 planned MHD expenditures are estimated at \$8.4 billion, which includes supplemental funding of \$134 million.
- FY-17 planned MHD expenditures include \$355 million in additional funding for information system sustaining infrastructure, pharmacy pmpm increase, clawback, ABA for children with autism, various provider rate increases, Medicare premium, hospice rate, ambulance FRA, NEMT and managed care actuarial.

## Each Day

in Missouri

### 965,095

people have access to medical treatment through MO HealthNet

### 273,973

MO HealthNet claims are processed

### \$263,226

are recovered and reinvested in MO HealthNet through third party liability and pharmacy rebate collection

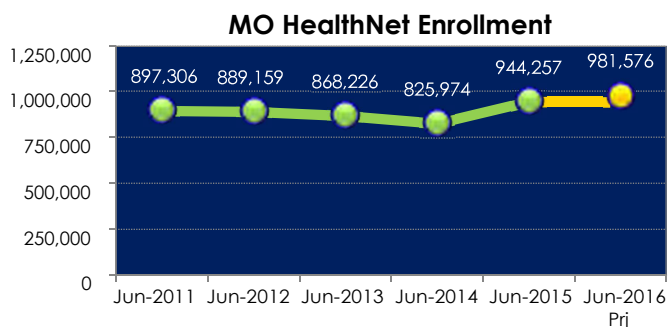
### \$3,322,343

in provider taxes are collected from hospitals, nursing facilities ambulances and pharmacies



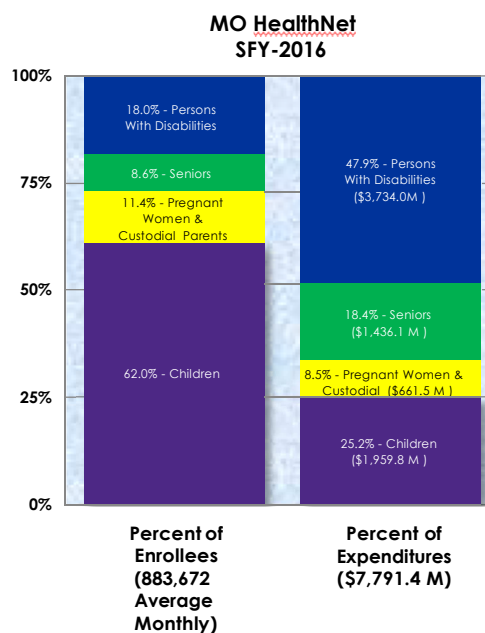
## MO HealthNet Enrollment

- From June 2012 to June 2016, MO HealthNet enrollment increased by 10.5%



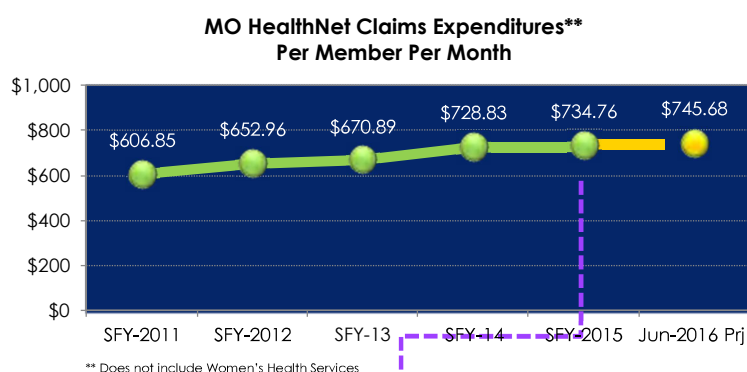
## MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise less than 25% of MO HealthNet enrollees however, they accounted for more than 65% of expenditures.
- More than 75% of MO HealthNet enrollees are children, pregnant women and low-income parents – many of which are covered by managed care. This group accounts for the other 35% of expenditures.



## MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-12 to SFY-16 there was an average annual spending increase of 7.78% per member per month (PMPM).



## Medicaid Managed Care Reform and Transformation

On July 1 2015, MO HealthNet awarded new Managed Care contracts. The new managed-care contracts will require the following Medicaid reforms and transformation:

- Member Incentives** - To promote responsible behavior and encourage efficient use of services, Healthcare Services plans are required to offer member incentive programs to encourage and incentivize members who are seeking early preventive care, adopting healthier personal lifestyles and promoting appropriate use of the emergency room.
- Provider Pay-for-Performance** - To incentivize providers to improve member's health outcomes and decrease inappropriate utilization of services and decrease the health risk factors in the people they serve, plans will be required to implement pay-for-performance contracting with providers.
- Expand Health Homes** - To improve care coordination and disease management, plans are required to implement local community care coordination programs utilizing the health care providers where patients actually receive their care. This can include implementing Health Homes, Primary Care Case Management, Person Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), or other similar models.
- Assure Adequate Access** - To improve access to care the adequacy of the health care provider panels will be monitored using a secret shopper surveys.
- Improve Accountability and Transparency** - Data is now available comparing cost, utilization of services and quality of care.
- Managed Care Plan Pay-for-Performance** - To incentivize successful performance of the above new requirements, plans will have a portion of their capitation withheld until successful performance is demonstrated.

SFY-2015 PMPM Cost	
Persons With Disabilities	\$1,961.17
Seniors	\$1,565.89
Pregnant Women and Custodial Parents	\$546.76
Children	\$298.16

## Show-Me Healthy Babies (SMHB) Program

- Throughout 2015, MHD worked on implementing a new program entitled Show-Me Healthy Babies (SMHB). SMHB was established under Section 208.662 of the Revised Statutes of Missouri (RSMo) and the Federal Children's Health Insurance Program (CHIP). SMHB is a separate CHIP for any low-income pregnant woman and baby with household income up to 300% of the federal poverty level (FPL). The purpose is to provide pregnant women with access to ambulatory prenatal care and an opportunity to connect individuals to longer-term coverage options. Targeted low-income pregnant women and unborn children will receive a benefit package of essential, medically necessary health services identical to the MO HealthNet for Pregnant Women benefit package.
- To be eligible for SMHB, pregnant women must meet the following guidelines:
  - Pregnancy;
  - Household income must be at or below 300% of FPL;
  - No access to employer insurance or affordable private insurance which includes maternity benefits; and
  - Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to better Health).
- The unborn child's coverage period will be from date of application to birth. For targeted low-income pregnant women, postpartum coverage will begin on the day the pregnancy ends and extend through the last day of the month that includes the sixtieth (60<sup>th</sup>) day after pregnancy ends.
- Presumptive eligibility is provided to targeted low-income pregnant women with a household income of up to 300% of the FPL who do not otherwise qualify for another MO HealthNet program, except for Uninsured Women's Health Services (UWHS), Extended Women's Health Services (EWHS) and Gateway to Better Health. Self-attestation of pregnancy will be accepted when making determinations and there will be no waiting period for benefits to begin. The purpose is to provide pregnant women with access to ambulatory prenatal care and an opportunity to connect individuals to longer-term coverage options. Targeted low-income pregnant women are limited to one presumptive eligibility coverage period per pregnancy. Presumptive eligibility coverage is provided through the fee for service program only. The program is set to begin on January 1, 2016.
- The program became effective January 1, 2016; between January 1, 2016 and the end of the Fiscal Year 2016, there were 4,366 participants in SMHB.

## Expanding Health Homes and Care Management

- The MO HealthNet Health Home initiative continues to focus on patients with complex and high cost chronic conditions. In 2014, MHD expanded both the Primary Care Health Home (PCHH) and Community Mental Health Center (CMHC) Health Home programs. This resulted in the following:
  - The PCHH program added 10 new Health Home organizations with 26 sites and 13 new sites to existing PCHHs, bringing the total to 34 Health Home organizations with 112 sites statewide.
  - With expansion, the PCHH population has grown by nearly 20,000 patients.
  - The CMHC Health Home program, which maintains 28 CMHC Health Homes operating at 120 locations, expanded the CMHC population to roughly 25,000 patients.
- In 2015, MHD continued the process of integrating the new Health Homes and their populations with the existing ones. MHD also proposed opening the application to additional PCHHs in 2016 as well as amending the patient eligibility criteria in its State Plan Amendment (SPA). To that end, MHD began the internal process of revising the PCHH SPA to include the following eligibility criteria:

- Asthma as a stand-alone condition for children
  - Obesity as a stand-alone condition for children and adults
  - Depression and anxiety for children and adults
  - Substance Use Disorder for children and Adults
- Similarly, MHD began the work of updating the PCHH application for practices that would like to become PCHHs. The application will be reopened in early Spring 2016.
  - As per the prior trends, evaluation of clinical and utilization measures continues to demonstrate improvements in glycated hemoglobin (blood sugar levels), Low-Density Lipoprotein (LDL) cholesterol, and blood pressure.
    - Reduction of blood pressure and cholesterol is linked to reductions in heart attacks and stroke.
    - Improved blood sugar control is linked to lower rates of diabetes and complications due to diabetes.
  - Evaluation of utilization continues to demonstrate:
    - Reductions in avoidable emergency department use,
    - Reductions in avoidable hospital inpatient use, and
    - Cost savings.

## **International Statistical Classification of Diseases and Related Health Problems (ICD-10)**

- The federal government mandated the industry-wide implementation of the International Classification of Diseases Version 10 (ICD-10) code sets on October 1, 2015. The ICD-10 code sets replaced the current ICD-9 diagnosis and inpatient service code sets.
- Effective on October 1, 2015, MHD successfully implemented the ICD-10 code sets and required all providers to submit ICD-10 codes in their claim transactions with a date of service on or after October 1, 2015. MHD will continue to require all providers to submit ICD-9 codes in their claim transactions with a date of service prior to October 1, 2015.

## **Pursuit of Waste, Fraud and Abuse**

- The MHD/Cost Recovery Unit is responsible for recovering the cost of health care from other liable third party payers. This unit helped MO HealthNet avoid \$352.5 million in costs and recovered \$51.9 million in expenditures for 2015.
- The Department of Social Services/Missouri Medicaid Audit and Compliance (MMAC) Unit is responsible for conducting participant and provider reviews to determine compliance with MO HealthNet program policy and regulations.



## **Missouri State Medicaid Health Information Technology Plan**

- MHD, DHSS and DMH have a collaborative agreement to implement health information technology and health information exchange for their shared client base. The main feature of Missouri's technical infrastructure is the CyberAccess<sup>sm</sup> web portal allowing state staff and providers access to Medicaid claims data and care management tools to improve patient outcomes and coordination of care. The CyberAccess<sup>sm</sup> web portal was connected to the statewide Health Information Network (HIN) during 2014 for the purpose of sharing Medicaid claims data electronically with members of the HIN.
- MHD launched its Medicaid Electronic Health Record (EHR) incentives program in June 2011, under the HITECH provisions of the American Recovery and Reinvestment Act (ARRA) to encourage provider adoption of EHR technology. In the first year of participation, providers can qualify for incentive payments if they adopt, upgrade or implement certified EHR systems. To qualify for payments in subsequent years, providers must demonstrate meaningful use of their technology, in a phased approach requiring enhanced capabilities and performance over time for data capture and sharing, advanced clinical processes, and improved outcomes. Through a web portal maintained by MHD, the providers must submit documentation to support their attestation of implementing EHR and achieving meaningful use. After review of the provider's attestation and supporting documentation for compliance with program requirements, MHD makes the incentive payment to the provider. During the first four and a half years of the program, 6,101 payments were made to 3,270 unique participating professionals and hospitals that have implemented EHRs with specific functionalities. Of those receiving payments to date, 55% of professionals and 78% of hospitals have used their systems to demonstrate meeting at least one year of meaningful use requirements. Incentive payments to all providers from June 2011 through December 2015 totaled \$326 million.

## **Business Intelligence Solution and Enterprise Data Warehouse**

- MHD intends to purchase and deploy a Business Intelligence Solution (BIS) with an Enterprise Data Warehouse to provide a comprehensive, scalable, and secure healthcare information solution to meet the administrative and program decision support, reporting, and analytics needs of the Missouri Medicaid Enterprise.
- The BIS will provide business users with tools that are powerful and intuitive. It has the ability to store, analyze, aggregate, and visualize large, complex data from multiple data sources with the objectives of providing answers to queries, creating summarized data, identifying trends, and predicting future behavior.
- The Enterprise Data Warehouse will aggregate data from multiple data sources establishing a secure, single "source of truth" for information regarding the MO HealthNet Program. It will establish more effective management of program data and data integrity, ensuring that the programs' financial, clinical reporting, and analytic needs of the business users are met while managing the dissemination of MO HealthNet data to external partners.

## **Fiscal Agent/MMIS Procurement**

- The Medicaid Management Information System (MMIS) makes all Medicaid payments and provides the data analysis needed to manage the Medicaid program. The current MMIS has been in place

since 1978 and needs replacing to meet current federal standards. MHD currently has contracts with vendors to serve as a fiscal agent to provide administrative services, such as call centers, and information technology services for developing and operating the MMIS.

- The MMIS systems process approximately 100 million claims annually which are submitted by healthcare service providers for payment on services provided to Medicaid members.
- All claims are processed through system edits within one day of receipt; over 96 percent of allowable claims are paid within 30 days of receipt.
- The State receives enhanced federal funding for development and operation of the MMIS, but it must comply with federal MMIS guidance, rules, and regulations.
- The federal government is in the process of issuing new MMIS guidance requiring the use of modern technologies to receive enhanced federal funding.
- Replacement of an MMIS is typically a three to five year project.
- MHD is in the process of developing a procurement strategy for the fiscal agent and MMIS services and developing the related RFPs for release.

## **Missouri Eligibility Determination Enrollment System (MEDES)**

- MHD continues its work with FSD to implement Sections 1301-2201 of the Affordable Care Act (ACA) which, in part, establishes a single integrated process to determine client eligibility for all coverage options and subsidies to facilitate enrollment into health coverage. Missouri's solution includes the implementation of MEDES to meet the ACA requirements. The MHD assisted in continuing to improve and extend the efficiency of updating participant information and premium updates, thus allowing the State to serve citizens more effectively. The MHD also implemented key components of DSS initiatives such as the Show-Me Healthy Babies Program through the MEDES platform.

## **Managed Care Quality and Rates**

- The National Committee for Quality Assurance (NCQA) health plan accreditation is the nation's most trusted independent source for driving health care quality improvement that results in tangible value for health care purchasers. Accreditation enables health plans to distinguish themselves by demonstrating a commitment to improving the quality of health care and the quality of life for members.
- The NCQA offers six levels of health plan accreditation as follows (from lowest to highest): Denied, Interim, Provisional, Accredited, Commendable, and Excellent. The health plans are required to obtain NCQA health plan accreditation at a level of "Accredited" or better for the MO HealthNet program and must maintain accreditation throughout the duration of the contract.
  - On August 8, 2014, NCQA awarded Home State the accreditation status of Accredited for the period August 5, 2014 through August 5, 2017.
  - On August 12, 2014, NCQA awarded HealthCare USA the accreditation status of Commendable for the period August 12, 2014 through August 12, 2017.
  - On September 18, 2014, NCQA awarded Missouri Care the accreditation status of Accredited for the period September 11, 2014 through September 11, 2017.
- Managed Care health plans self-report a variety of quality outcome and performance measures for behavioral health services. These include: service utilization counts, timeliness of follow-up after critical care events, patient satisfaction, and a number of nationally-reported quality metrics. Many of these measures have undergone revisions in the past two years and detailed specifications have been produced for all measures to improve reliability of reporting across the health plans. New service

utilization measures and quality metrics pertaining to general physical health have been added to complement the historic focus on behavioral health. Beginning in 2013, the full set of measures has been assembled annually in a database for distribution to the health plans.

- The database includes an easy-to-use interface that permits health plans to review their performance trends over time for selected measures as well as compare their performance to that of other MO HealthNet Managed Care plans. Eventually, the database will house Fee for Service (FFS) and Managed Care data, allowing for easy comparison between the two programs on a variety of metrics.
  - The database is a useful tool for MHD and the health plans for analyzing trends, identifying areas of opportunity, and measuring the impact of new strategies and interventions. In addition, the database tool should lead to a more data-driven approach to development of quality improvement projects by the health plans.
- Rate adjustments were used in the rate setting process as MHD focused on value-based purchasing:
    - The Low-Acuity Non-Emergency adjustment lowered rates by identifying instances when MO HealthNet eligibles would not need to make a trip to the emergency room if they had received effective outreach, care coordination and/or access to preventive care.
    - Potentially Preventable Hospital Admissions lowered rates by identifying inpatient admissions that could have been avoided with high-quality medical care through an alternative setting to inpatient services and/or reflecting conditions that could be less severe. These visits would not have warranted an inpatient level of care if treated early and appropriately.
    - The Risk Adjusted Efficiency adjustment identifies health plans whose regional financials reflect higher costs than other health plans in the region after considering the risk burden of their enrollees.



### **Managed Care Contract Re-Procurement**

- The State of Missouri Office of Administration, Division of Purchasing and Material Management evaluated Managed Care contract bid proposals from several health plans during FY 2016.
- The following groups are included in the Managed Care Program: MO HealthNet for Families (MHF), MO HealthNet for Pregnant Women and Newborns, Refugees, MO HealthNet for Kids, and Children in the care and custody of the State. In FY 2016, there were approximately 478,000 individuals enrolled in the Managed Care program.
- The program incorporates face-to-face care management, focuses on improving health outcomes, patient education, and impacting how patients utilize healthcare services. Eligible participants are being selected by specific diagnosis codes, utilization of services parameters such as frequent inpatient hospitalizations and emergency room use, and geographic location so the nurse care managers can travel to the participant for face-to-face visits.



Joe Parks, MD  
MHD Director

## **Adult Dental Benefit**

- House Bill 11, passed by the 98th Missouri General Assembly, provides funding to add certain dental services for adults eligible for MO HealthNet benefits. Effective January 1, 2016, MHD covers the following: preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control, and general anesthesia for adults.

## **Medicaid Managed Care Geographic Expansion**

- Beginning on May 1, 2017, any low-income women and children in FFS will be moved to coverage by Managed Care. This will impact low income women and children in the northern 1/3 and the southern 1/3 of Missouri.

## **Fee For Service Management Program**

- Currently, the FFS Care Management program has a case load of approximately 50 participants that are being managed by two internal nurses. All enrolled participants have an introductory face-to-face visit with the RN care managers and then have follow-up in person visits according to the individual needs. In between face to face visits, care is coordinated via telephone and email to assist with participant needs. The care managers assist the participants with activities such as: understanding and utilizing Medicaid covered services, clinical nurse care management, care coordination, and chronic disease education. The care managers have also formed partnerships with community resources to assist our participants with accessing and utilizing community resources for services not covered by Medicaid, and through the FFS Care Management pilot program, we have created a formal network of community partners that can help address issues such as housing and food security in the pilot areas. This program is also utilizing internal clinical resources by having multidisciplinary meetings to discuss the individual cases and gather information and ideas to assist the participants.
- A goal of the pilot program is to change and adapt over time so that the program can meet the needs of the Medicaid population and grow to a larger geographic area and corresponding case load of participants. The program will undergo evaluation at different times to look at parameters including: clinical outcomes, impact on avoidable hospitalization and emergency department use, and potential cost savings. In order to assist with future expansion, research is being done in order to explore the possibility of obtaining specific software to manage the care management population.
- In summary, the overall goal of the FFS Care Management Program is to identify and address the needs of the most medically complex and high risk FFS participants in order to improve their health status, reduce the use of avoidable healthcare services, and maintain or improve their quality of life.

# MISSOURI OFFICE OF HEALTH INFORMATION TECHNOLOGY

# 2016

PO Box 6500 • Jefferson City, MO 65102 • Phone: 573-751-6961

*Missouri Office of Health Information Technology (MO-HITECH) is promoting the development and application of an effective health information technology (HIT) and health information exchange (HIE) infrastructure for the state of Missouri.*

- The federal Health Information Technology for Economic and Clinical Health Act provides an opportunity for states to access federal funds to plan, design and implement health information exchange (HIE) and to encourage the adoption and use of electronic health records.
- The Missouri Office of Health Information Technology (MO-HITECH) was created to promote the development and application of an effective health information technology (IT) and health information exchange (HIE) infrastructure for the state of Missouri that will:
  - Improve the quality of medical decision-making and the coordination of care;
  - Provide accountability in safeguarding the privacy and security of medical information;
  - Reduce preventable medical errors and avoid duplication of treatment;
  - Improve the public health;
  - Enhance the affordability and value of health care; and,
  - Empower Missourians to take a more active role in their own health care.

## Planning and Development

- The MO-HITECH Advisory Board appointed by Governor Nixon recommended the creation of a new, public-private not-for-profit, 501(c)(3) organization called the Missouri Health Connection (MHC) to govern a statewide HIE.
- Created in July 2010, MHC is overseen by a 17-member Board of Directors that reflects diverse stakeholder representation, including both providers and consumer advocates. The board began meeting in August 2010 and convenes routinely to oversee and actively participate in the development of Missouri's HIE Operational Plan and overall strategies relative to HIE governance, technology and operations, privacy and security and consumer engagement.
- In 2009, the state of Missouri and the MHC received grant approval from both CMS and the Office of the National Coordinator for Health Information Technology (ONC) for strategic and operational plans to implement a technology solution for exchange of health information across providers throughout the state. MHC utilized the grant funding to build its technical HIE platform that allows health care providers across the entire State of Missouri to exchange clinical information bi-directionally. The grant funding expired in 2014 and MHC sustains its operations with subscription fees paid by its members. As of 2016, MHC has more than 75 hospitals and hundreds of clinics connected to the HIE platform and more than 100,000 query transactions occur daily.

Find MO HI-TECH on the web at <http://assistancecenter.missouri.edu/>

- MHC provides direct, secure messaging services as part of a standard suite of services in order to promote the exchange of clinical results and patient care summaries among unaffiliated health care providers across the State of Missouri. Secure messaging remains a priority for MHC as it is part of the Meaningful Use program. The MHCs current or planned activities include the following:
  - Continue to offer and implement secure messaging to health care providers across the State, and
  - Continue to utilize a Consumer Advisory Council to provide consult on key work products, services, and patient engagement activities.
- Missouri has also made significant progress on its phase 2 implementation plans. Phase 2 includes the implementation of the patient query function allowing unaffiliated health care service providers to exchange continuity of care documents containing all health information for a patient for consumption into the provider electronic health records. The MHCs current or planned activities include:
  - Continue to increase the bi-directional HIE activities across the State by onboarding health care providers to MHC query-based exchange platform, and
  - Develop utilization and adoption strategies for MHC's participants to increase the care coordination activities for the benefit of Missouri patients.

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# SUPPORT DIVISIONS

2016

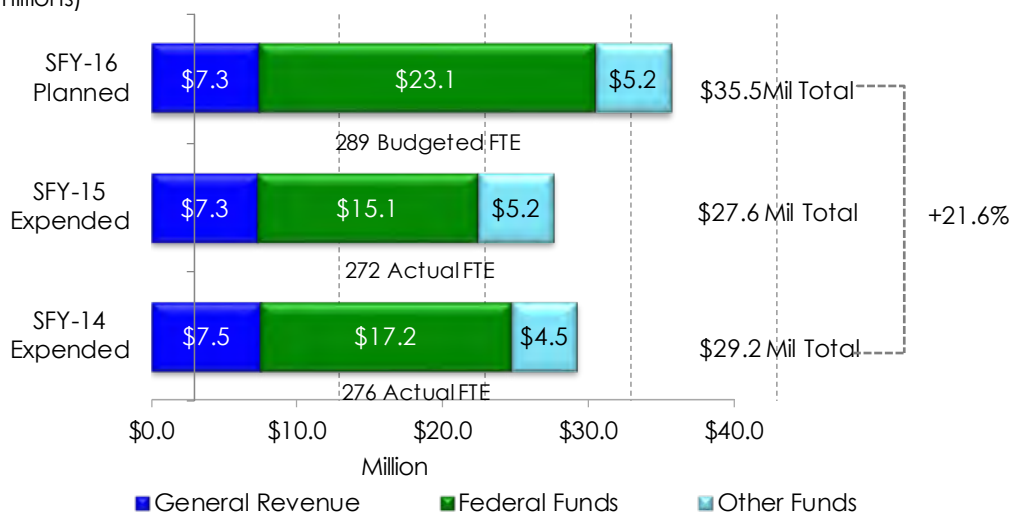
## Supports

- OFFICE OF THE DIRECTOR
- HUMAN RESOURCE CENTER
- MISSOURI MEDICAID AUDIT AND COMPLIANCE
- DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES
- DIVISION OF LEGAL SERVICES

Support divisions provide enterprise-wide financial, human resources, legal and statistical support services.



### Support Division Expenditures SFY-14 to SFY-16 Planned (in millions)



- Between SFY-14 and SFY-16, General Revenue (GR) decreased by \$.2 million (2.7%) due to the following core reductions in FY16:
  - 6% reduction in Office of the Director, Human Resources, Missouri Medicaid Audit and Compliance (MMAC), Systems Management, Finance and Administrative Services, Neglected & Delinquent Children and Legal Services.
  - Reduction in Neglected & Delinquent Children due to projected lapse.
- Between SFY-14 and SFY-16, Federal Funds (FF) Increased by \$5.9 million (34.2%) mostly due to appropriation increase in receipts and disbursements because of elimination of the estimated status.
- Between SFY-14 and SFY-16, Other Funds increased by \$.7 million (15%). This is due to an appropriation increase in Receipts and Disbursements because of elimination of the estimated status.
- SFY-16 planned expenditures include a 1% pay increase cost to continue and cost to continue increases for certain classifications as recommended by the Personnel Advisory Board.

## SUPPORT DIVISIONS

## DIVISION OF FINANCE &amp; ADMINISTRATIVE SERVICES

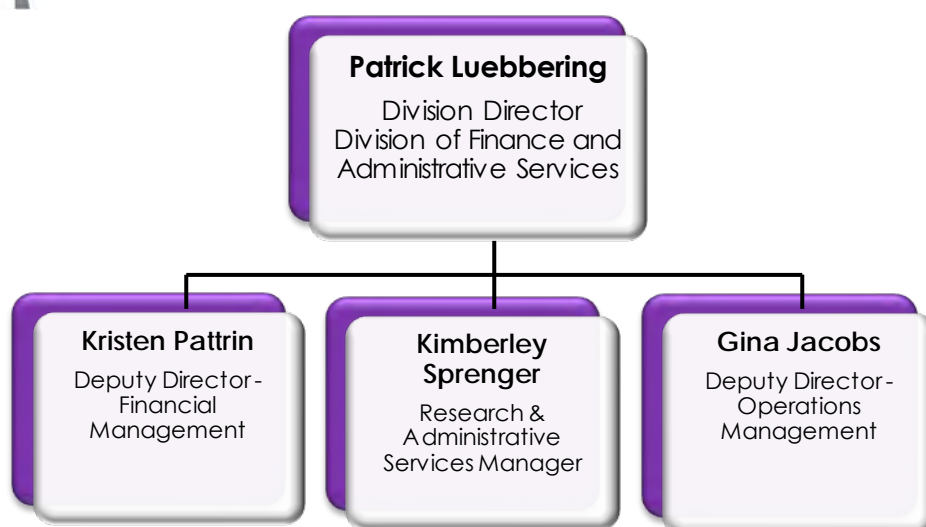
2016

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## Services

- ACCOUNTS PAYABLE
- AUDIT SERVICES
- BUDGET
- RESEARCH AND DATA ANALYSIS
- EMERGENCY MANAGEMENT
- FLEET VEHICLE MANAGEMENT
- FACILITIES MANAGEMENT/OFFICE SERVICES
- OFFICE HEALTH AND SAFETY
- PAYROLL
- PURCHASING
- RECEIPTS AND GRANTS MANAGEMENT
- SUPPLIES/WAREHOUSING/INVENTORY CONTROL
- TAX CREDITS (ADMINISTERED BY THE DEPARTMENT OF SOCIAL SERVICES)
- VOICE TELECOMMUNICATIONS

*Division of Finance and Administrative Services manages financial resources, coordinates emergency management and provides enterprise support services.*



- Budget
- Grants
- Cash Management
- Receipts
- Tax Credits
- Revenue Maximization
- Child Welfare Eligibility

- Emergency Management
- Fleet Vehicle Management
- Facilities Management/Office Services
- Research and Data Analysis
- Supplies/Warehouse/Inventory Control
- Voice Telecommunications

- Accounts Payable
- Accounts Receivable
- Payroll
- Procurement
- Contract Management
- Child Care Subsidy Payments
- DFAS Regional Offices

Find the Division of Finance and Administrative Services on the web at <http://www.dss.mo.gov/dfas/>



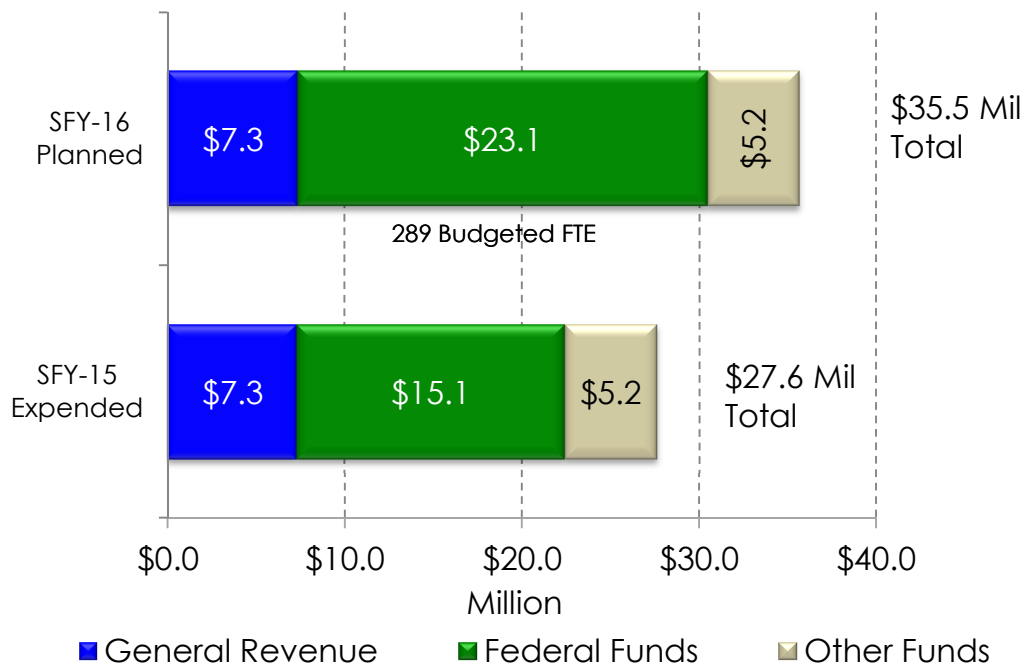
# Support Divisions

## Services

The following offices support DSS program divisions and DSS core functions:

- Leadership and direction (Director's Office)
- Financial and administrative support (Division of Finance and Administrative Services – DFAS)
- Comprehensive legal support and fraud investigations (Division of Legal Services – DLS)
- Human resource management (Human Resource Center – HRC)
- MO HealthNet provider monitoring and compliance (Missouri Medicaid Audit and Compliance – MMAC)
- State Technical Assistance Team (STAT) investigation of child abuse, child neglect, child exploitation/pornography and child fatality cases.

## Expenditures SFY-15 to SFY-16 Planned (in millions)



## Performance Trends

### Division of Finance and Administrative Services Fiscal Year 2015

Number of Payment Documents Processed	Number of Contracts Managed	Number of Federal Grants Administered	Amount of Federal Grants Administered	Sub recipients Monitored	Number of Offices/Facilities Supported
113,481	1,311	53	\$6.6 Billion	326	200

### Division of Legal Services Fiscal Year 2015

Number of Protective Service Cases Closed	Hearing Section Decisions	Investigations Concluded	Annual Amount of Collections of Claims for Overpayment of Public Assistance
1,534	18,072	6,125	\$1.5 Million

### Missouri Medicaid Audit and Compliance

SFY	FFS Audit Recoveries	Number of FFS Audits	Cost Avoidance	Average Recovery per Audit
	Actual	Actual	Actual	Actual
FY2013	\$32,767,892	1,875	\$47,379,710	\$42,745
FY2014	\$24,090,054	2,344	\$41,609,154	\$28,029
FY2015	\$16,015,303	3,759	\$45,921,386	\$16,477
FY2016 <sup>1</sup>	\$19,441,186	4,194	\$45,289,275	\$15,434

<sup>1</sup>FY2016 represents projections for the fiscal year.

## Division of Finance and Administrative Services Priorities

### **Quality and control initiatives**

DFAS continues to enhance the Compliance and Quality Control Unit (CQCU), including the Child Care Review Team (CCRT) by refining monitoring and risk assessment tools to target providers at the highest risk of noncompliance.

The CCRT utilizes a risk assessment process that includes using payment data to allow the limited number of staff to target providers and contractors who are more likely to have financial and performance risks. For example, the CCRT has targeted child care providers in cases where two different vendors provided services to the same child in the same month. CCRT continues to work toward implementing a monitoring review tracking system/database that will allow for a more efficient and effective child care provider monitoring process.

Monitoring and risk assessment tools have been enhanced to add more focus to areas such as the design and operation of control activities and procedures in place to assure compliance with laws, regulations, policies and procedures. Additional risk factors have also been incorporated into the risk assessment process to address problem areas that have been identified by internal staff or external partners.

### **Improving efficiency**

DFAS is implementing multiple technology solutions to improve efficiency, reduce paper and reduce errors.

DFAS has implemented a new fiscal note development process and developed a new fiscal note tracking and storing system on SharePoint to ensure the timeliness and accuracy of fiscal notes.

A new system for the DSS cost allocation plan will be implemented in the spring of 2015. This new system will reduce errors and audit findings and ensure correct allocation of costs for the Department.

DFAS plans to implement a new Electronic Content Management System (ECMS) for both contracts and accounts payable by the fall of 2015. The ECMS will allow DFAS to conduct business by moving imaged documents electronically between the DFAS and its internal and external customers. Documents will be imaged, processed and stored electronically. The ECMS will centralize and efficiently process, track, and store documentation received regardless of the source location throughout the state. The ECMS will improve processing time, reduce storage space and paper waste. In addition, this system will enable staff to search the system for a pending invoice, contract, purchasing order, etc. and take the necessary action without having to leave their desk.

## Missouri Medicaid Audit and Compliance Priorities

### Increasing Transparency and Education

MMAC has begun utilizing "Gov.Delivery" to provide email alerts and updates for providers and the public, and continues to regularly post information on its website. MMAC posts monthly reports of its Participant Lock-In program, and monthly updates of providers who are sanctioned (suspended or terminated) "for cause". MMAC personnel regularly visit providers to provide information and education on proper billing and other compliance issues, and MMAC also conducts regular Provider Update Training and Designated Manager training for Home and Community Based Services providers.

### Improving Efficiency

MMAC is contracting with a vendor to provide automated provider screening and monitoring, improving the time and quality of database checks upon initial provider enrollment in MO HealthNet, as well as on a monthly basis. MMAC is also finalizing its Fraud and Abuse Detection System (FADS) RFP that will replace the current FADS with state of the art technology. The new FADS will continue to incorporate the latest industry standards in analytics to create new algorithms, update existing algorithms, and generate ad hoc reports that will assist MMAC in identifying trends, patterns, outliers, and indications of suspicious billing. This new FADS will include a case management component for better review and tracking purposes, and will include a SURS (surveillance utilization review system) component as well, to better identify billing trends and patterns against peer groups.

## Division of Legal Services Priorities

### Increasing External Accessibility

DLS is developing informational materials to post on the department's website to make information pertaining to administration of legal issues involving the department more accessible to the bench, the private bar and the public.

### Improving Benefit hearing Scheduling and Decision Time

DLS' Hearings Section is targeting improvements in both scheduling and time to issue a decision in our benefits hearings. DLS expects to reduce the time to schedule benefit hearings from the current 42 days to an average of 21 days. DLS expects to reduce the time to render decisions in these cases from the current 188 days to an average of 30 days.

### Welfare Investigations Unit (WIU)

DLS Investigations has worked with the county prosecuting attorneys through the Missouri Office of Prosecution Services (MOPS) to develop a partnership designed to increase the likelihood of successful recoupment of funds and benefits fraudulently obtained, and of successful welfare

prosecution cases. The program is modeled after similar successful partnerships between state social service agencies and prosecuting attorneys. The following count prosecuting attorneys have volunteered to be pilot counties: St. Louis County, Boone County and Platte County. Each county signed a Memorandum of Understanding (MOU) and agreed to accept referrals on Food Stamp fraud investigations.

### **Child Care Fraud**

DLS has partnered with the Department of Health and Human Services to work jointly on daycare fraud investigations; prosecution will be sought for providers committing fraud. These efforts should produce an increased awareness of the efforts at ferreting out this particular kind of abuse of public funds.

### **SNAP Recipient Trafficking Prevention Grant**

Missouri DSS DLS Investigation Section was awarded \$599,642 to identify, track and prevent misuse of Supplemental Nutrition Assistance Program (SNAP) benefits by program recipients. DLS Investigators have used these funds to implement strategies to increase the number of investigations of person-to-person trafficking. Since June 1, 2015 DLS Investigators have worked 116 investigations where the individual attempted to traffic (sell) their SNAP benefits. Seventy-five individuals have voluntarily admitted to trafficking and agreed to be disqualified from the SNAP Program for 12 months; based on a single household allotment of \$194, this would be a savings of \$174,600. Investigators have also opened six criminal investigations.

### **Administrative Regulations**

DLS continues its work in conjunction with the department's program divisions to review and revise all DSS administrative regulations. The primary focus of the review is to eliminate or revise, as appropriate, unnecessary and outdated regulations; to make the department's administrative regulations easier for the public to access and understand; and to improve the efficiency of department operations. DLS is also developing a survey tool to make it easier for stakeholders to provide input, particularly from small businesses, on draft regulations. The tool will be designed to solicit fiscal and practical impacts that DSS draft regulations may have on stakeholders before the regulations are filed to better inform our process.



# DIVISION OF LEGAL SERVICES

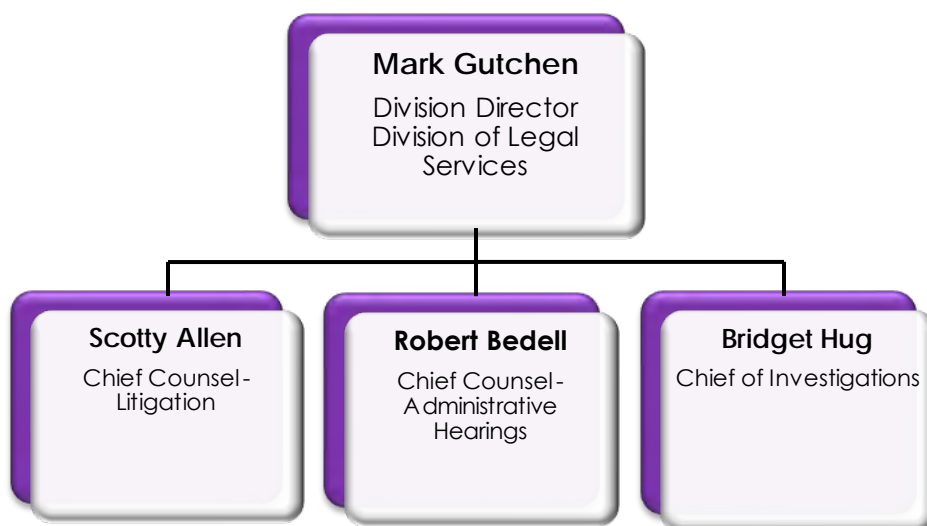
2016

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## Services

- CASE LITIGATION
- ADMINISTRATIVE HEARINGS
- INVESTIGATIONS
- STATE TECHNICAL ASSISTANCE TEAM

*Division of Legal Services (DLS) is the counsel of the department and its divisions.*



- Litigation  
Risk Management

- Administrative  
Hearings

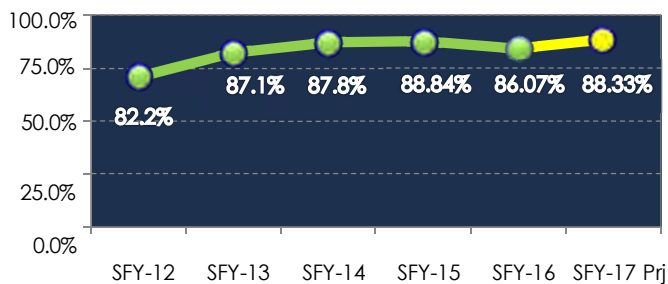
- Investigations

Find the Division of Legal Services on the web at <http://dss.mo.gov/dls/>

## Protective Services Cases Resolved

- DLS attorneys closed 1,664 permanency planning cases involving abused and neglected children and 309 termination of parental rights cases.

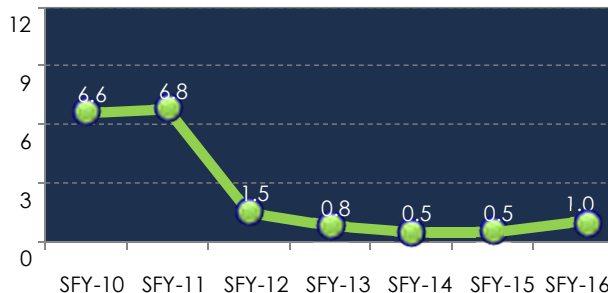
### Protective Services Cases Resolved Within 18 Months



## Time to Schedule Child Support Hearings

- The Child Support Hearings Unit strives to schedule hearings no more than 21 days from receipt of a hearing request from the Agency.

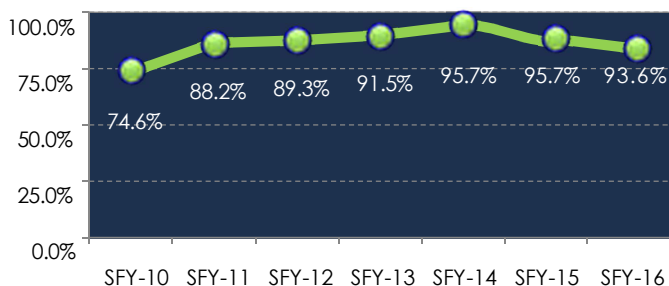
### Time To Schedule Child Support Hearings (in months)



## Child Support Hearing Decision Timeliness

- The Child Support Hearings Unit strives to issue hearing decisions within 60 days from the closing of the hearing record.

### Child Support Hearing Decision Timeliness





## HIGHLIGHTS

- During CY-16, DLS attorneys handled many legal matters for the department. Among the highlights, DLS attorneys:
  - Closed 1,261 permanency planning cases involving children who were victims of child abuse and neglect and who came into care through the juvenile courts. DLS advocated for educating and empowering the families to secure and sustain healthy, safe and productive lives through reunification or other permanent living arrangements.
  - Litigated 309 termination of parental rights cases enabling children to be available for adoption into safe, stable and permanent homes.
  - Litigated 94 guardianship cases for children and young adults in foster care to enable them to secure and sustain healthy, safe and permanent homes.
  - Represented DSS in 87 Circuit Court cases defending challenges to decisions of the Child Abuse and Neglect Review Board where their names were placed on the Central Registry for abuse and neglect.
  - Represented DSS in 561 subpoenas for confidential records and information, including securing protective orders to protect the privacy rights of the individual's records sought and protecting confidential records pursuant to state and federal laws.
  - Handled 132 Sunshine law requests in 2016, many of which involved complex issues of law.
- The Child Support Hearings Unit issued 6,540 hearing decisions and the Benefits Hearings Unit issued 10,209 hearing decisions, for at least 16,749 clients served.
- The Administrative Hearings Unit continues to receive hearing requests and exhibits electronically from most agency offices. Scheduling notices and most hearing decisions are sent to agency personnel electronically, when possible. Additionally, state courts are completing the conversion to electronic filing, so appeals from Child Support and Benefits hearing decisions are now e-filed in the majority of counties, reducing the need to file large volumes of paper documents. Together, these processes reduce the paper documents received and processed through the Hearings Unit, lowering costs and helping the environment.



## **Regulation Review**

- In CY-16, DLS continues its work in conjunction with the department's program divisions to advise, review, and file all DSS administrative regulations.

## **Waste, Fraud and Abuse Identification**

- DLS is developing Standardized Fraud Investigator training curriculum. This Investigator Training Course will provide information, case studies, and performance based exercises to improve the capability of investigators to more effectively conduct investigations and identify fraud.

## **Child Abuse and Neglect**

- DLS works closely with Children's Division throughout the year to review and update its policies and procedures that govern the investigation of reported child abuse and neglect and the implementation of policies in courts throughout the state.

## **Fraud Investigation**

- Of the 2,142 welfare fraud investigation conducted in 2016, 1,192 (55%) resulted in criminal prosecution or administrative claims and program disqualifications. These 1,192 individuals were responsible for \$4,330,632.87 in Welfare Fraud.

## **Child Care Fraud**

- DLS/Investigations worked with joined our partners in the Children's Division, and with federal and state law enforcement agencies to conduct coordinated investigation into possible fraud in the subsidized child care program. The work included 100 audits and resulted in 18 criminal charges of individuals who fraudulently billed the State for \$318,505.00.

## **Improving Public Understanding and Access**

- DLS' Administrative Hearings Unit continues to work toward improving public understanding and access to the administrative hearing process. The Hearings Unit revised hearing notices to help claimants understand important information about their hearings and coordinated with the Family Support Division to facilitate earlier access to benefits hearing exhibits for claimants.

## **Creating Externship Opportunities**

- The Jefferson City Hearings Unit hosted two externs from the University of Missouri - School of Law in the fall of 2016. The Hearings Unit is coordinating with the Director of Public Interest Programs at Mizzou to continue these opportunities into the future.



### **Increasing External Accessibility**

- DLS is developing informational materials to post on the department's website to make information pertaining to administration of legal issues involving the department more accessible to the bench, the private bar and the public.

### **Missouri Blind Pension Fraud**

- In order to ensure the safety of Missouri motorists and eliminate fraud in the Missouri Blind Pension program, DLS is exploring changes to Missouri Blind Pension statutes to require a standardized vision examination and prohibit Missouri Blind Pensioners from obtaining a Missouri driver license or operating a motor vehicle.

### **Improving Access to Information About Hearing Process**

- DLS' Administrative Hearings Unit is developing a web page on the Department's website to provide helpful information to the public about the hearing process and the role of the Hearings Unit in the administration of justice.

### **Improving Benefit Hearing Scheduling and Decision Times**

- DLS' Administrative Hearings Unit is continuing to target improvements in scheduling benefits hearings and issuing benefits hearing decisions. The Hearings Unit reduced the time to schedule benefits hearings from the 2015 average of 30 days to an average of 28 days in 2016 and is working to further reduce this timeframe. The Hearings Unit strives to issue benefits hearing decisions as soon as possible after the hearing record closes and reduced the time to issue these decisions from the 2015 average of 19 days to an average of 14 days in 2016.



Mark Gutchen  
DLS Director



## SUPPORT DIVISIONS

# State Technical Assistance Team

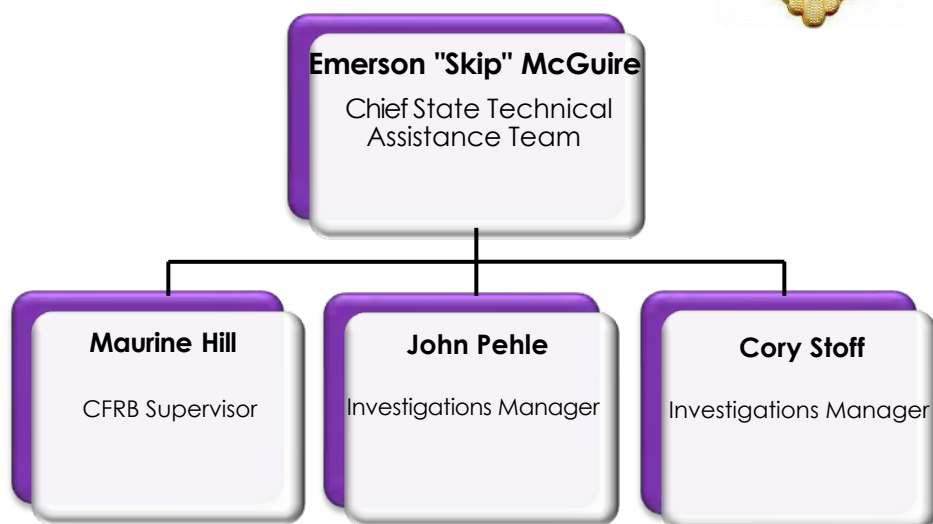
# 2016

PO Box 208, Jefferson City, MO 65102-0208, (573-751-5980, 1-800-487-1626 (For law enforcement and child protection professionals - [dls.stat.dss.mo.gov](http://dls.stat.dss.mo.gov)

## Services

- CHILD FATALITY REVIEWS
- CHILD ABUSE/NEGLECT CRIMINAL INVESTIGATIONS
- CYBER CRIMES AGAINST CHILDREN
- MULTIDISCIPLINARY TEAM SUPPORT

Missouri Department of Social Services State Technical Assistance Team (STAT) has commissioned law enforcement officers, available 24/7, who can provide "hands on" assistance and support in conducting criminal child abuse/neglect investigations. STAT forms meaningful partnerships with other state and local community agencies to help identify predictable trends, patterns and spikes of preventative risks to children.



- Child Fatality Review Board

- Child Abuse/Neglect Investigations

- Cyber Crimes Against Children

Find the Division of Legal Services on the web at <http://dss.mo.gov/dls/>



# State Technical Assistance Team (STAT)

## Services

The importance of multidisciplinary intervention in dealing with dysfunctional families, child maltreatment, and child fatality issues cannot be over-emphasized. To encourage agencies to work together, the State Technical Assistance Team (STAT) facilitates cooperation and coordination among professional organizations with shared responsibilities and mandates. These agencies include the Department of Social Services, law enforcement, prosecutors, health offices, juvenile offices, coroners/medical examiners, medical facilities, and private organizations. Because some of these agencies have multiple and dissimilar roles and responsibilities (investigative/enforcement, protection, services, etc.), STAT acts as an intermediary to coordinate activities by bringing these groups together. By introducing these principles, STAT encourages communities to identify and address problems often avoided by those who lack the confidence to become involved.

Investigation of crimes against children generally requires special skills and techniques unique to the child's age, maturation and relationship to the suspected perpetrator. To address these needs, on request from local, state and federal agencies, STAT has commissioned law enforcement officers, available 24/7, who can provide "hands on" assistance and support in conducting criminal investigations involving sexual abuse, physical abuse, computer exploitation/child pornography, suspicious death or homicide, crime scene collection/ reconstruction, administering truth verification exams and conducting computer/digital/cellular forensic examinations. STAT also promotes aggressive prosecution as a deterrent to child maltreatment, child exploitation and child homicide. To build and maintain confidence, STAT trains and supports the field-level intervention/investigative community to help realistically convert policy into practice.

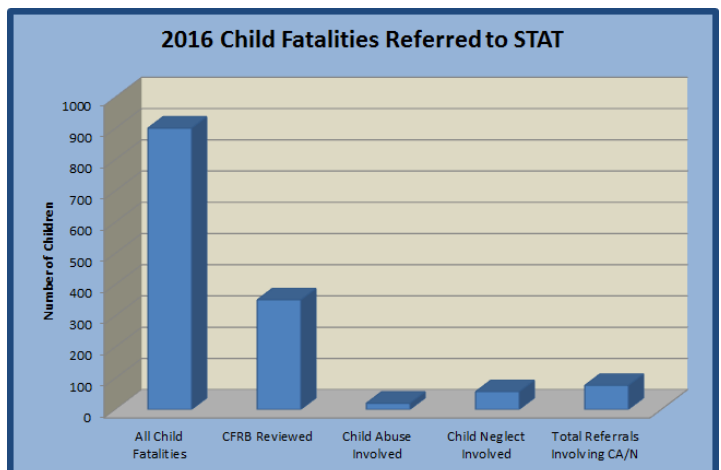
As an integral part of the process, STAT forms meaningful partnerships with other state and local community agencies to help identify predictable trends, patterns and spikes of preventative risks to children. In an effort to prevent child injury, abuse, neglect and/or death, STAT has created both presentations and informational sheets to be used to educate parents, professionals, and other community members as to how they can prevent child injuries.



## HIGHLIGHTS

In 2016, STAT received, reviewed and/or concluded the following:

- 901 Child Fatality Referrals;
- 351 Child Fatality Review Board Reviews;
- 20 Cases involved Child Abuse;
- 57 Cases had Child Neglect as a Contributing Factor; and overall,
- 77 Cases involved some form of Child Abuse/Neglect.



## KEY DLS PROJECTS

### Cases Assigned

- STAT was assigned 193 cases total in 2016.

### Arrests Made

- In 2016 STAT Investigators made or assisted in 20 arrests.
- STAT supported 28 other arrests by providing technical assistance to other law enforcement agencies.

## ON THE STAT HORIZON . . .

In 2016 – 2017 STAT posted field investigators in rural Missouri. Because of chronic lack of resources STAT law enforcement units instituted “solvability factors” in accepting cases. The Law Enforcement units have seen a marked increase in successful investigations and prosecutions by turning down investigations less likely to result in a successful prosecution.

STAT is an affiliate of the Missouri *Internet Crimes Against Children* task force. This task force is part of a network of approximately 61 coordinated task forces representing over 3,500 federal, state, and local law enforcement and prosecutorial agencies. STAT Investigators continue to assist local, County, State and Federal law enforcement investigate and apprehend offenders who use technology to facilitate crimes against the children of Missouri.



Emerson "Skip" McGuire  
Chief of STAT

## Toll-Free Informational Phone Numbers

Child Abuse/Neglect Hotline (MO only)	1-800-392-3738
Child Support Customer Service Call Center (enforcement calls only)	1-866-313-9960
Child Support Employer Information	1-800-585-9234
Child Support General Information	1-800-859-7999
Child Support Payment Information (IVR)	1-800-225-0530
Elderly Abuse/Neglect Hotline	1-800-225-0530
Food Stamp Case Information	1-800-392-1261
Foster Adoptline	1-800-554-2222
Family Support Division Information Center	1-855-373-4636
Missouri Rx Plan (MoRx)	1-800-375-1406
Missouri School Violence Hotline	1-866-748-7047
Missouri's Long-Term Care Ombudsman (DHSS)	1-800-309-3282
MO HealthNet Case Information	1-800-392-1261
MO HealthNet Exception Process	1-800-392-8030
MO HealthNet Participant Services	1-800-392-2161
MO HealthNet Service Center	1-888-275-5908
Office of Child Advocate	1-866-457-2302
ParentLink WarmLine	1-800-552-8522
	En Español 1-888-460-0008
Rehabilitation Services for the Blind	1-800-592-6004
State Technical Assistance Team (STAT)	1-800-487-1626
Temporary Assistance/SAB/BP Case Information	1-800-392-1261
Text Telephone	1-800-735-2966
TTD Voice Access	1-800-735-2466



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Relay Missouri for hearing and speech impaired

1.800.735.2466 voice / 1-800-735-2966 text phone

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# **Department of Social Services Frequently Requested Contacts**

**Report Child Abuse and Neglect**

**1-800-392-3738**

**Report Fraud**

**1-877-770-8055**

**[DLS.ReportFraud@dss.mo.gov](mailto:DLS.ReportFraud@dss.mo.gov)**